

ORD INFORMATION
RESOURCE CENTER, HCFA*

MEDICARE / MEDICAID NURSING HOME INFORMATION

COLORADO



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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COLORADO

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Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF COLORADO

COLORADO DEPARTMENT OF HEALTH

4210 East 11th Avenue
Denver, Colorado 80220
Phone (303) 520-8333



Roy Romer
Governor

Thomas M. Vernon, M.D.
Executive Director

Description of Colorado

State Licensure and Enforcement Programs

Colorado

Overview of Nursing Home Licensure Program

The Health Facilities Division of the Colorado Department of Health licenses nursing homes and other health care facilities and certifies those facilities that plan to accept Medicare and Medicaid reimbursement for their services.

The Division's primary responsibility is to assess facilities and other health care providers to assure that patients and residents in Colorado licensed health facilities receive quality care in an environment which promotes their health, provides for their safety, and, enhances their quality of life. To accomplish these objectives, Division staff inspects health facilities and agencies to determine whether or not requirements of state and federal laws and regulations are met. Corrective action is required when minimum standards are not met. Revisits are made to monitor the providers' correction. Only upon evidence of compliance does the Division issue a state license and/or recommend facilities and agencies for participation in the Medicaid and Medicare programs.

As a counterpart to its licensure activities, the Division has a complaint section that investigates reported problems in nursing homes and other health care facilities. When indicated, on-site visits are conducted and correction of the deficiencies is mandated. This activity includes the monitoring of

patient rights and the enforcement of state statutes to ensure that patients rights are not violated.

Overview of Enforcement System

The Health Facilities Division administers the only state program which inspects health care facilities in Colorado for the purpose of assessing each facility's capacity to deliver appropriate health care services and provide patient care of acceptable quality.

The Division makes annual inspections of each facility to assure that services are adequate to meet nursing home residents' nursing, medical, and psychosocial needs. When resident needs are not being met, remedial action is initiated or sanctions invoked under licensure or certification authority. Corrective actions depend on the severity of the deficiencies identified during the survey. Facilities are required to submit a plan of corrections within 10 days of receipt of the list of deficiencies from the Division. After the plan is approved, a team of surveyors revisits the facility to assure the deficiencies are corrected. Facilities cannot be certified for Medicaid or Medicare reimbursement until all Conditions of Participation (federal regulations) are met. Sanctions include licensure revocation, summary suspension or stipulation to divest when facilities repeatedly fail to correct serious problems in the delivery of health care services or when the facility has a history of "roller coaster" performance.

Resources Available to Consumers

Survey and Licensure

Colorado Department of Health
Health Facilities Division
4210 E. 11th Avenue
Denver, Colorado 80220
Contact: Mildred G. Simmons, Director or Susan Rehak, Administrative Assistant.
Phone: 303-331-4930
Function: Monitors quality of long term care services through its licensure, certification and complaint investigation activities.

State Ombudsperson

State Long Term Care Ombudsperson
The Legal Center
455 Sherman Street
Denver, Colorado 80203
Contact: Virginia Fraser
Phone 1-800-332-6356
Function: Handles complaints made by or on behalf of residents of longer term care facilities; acts as mediator, negotiator, problem solver, and educator regarding health care issues and concerns of residents.

Complaint Investigation

Complaint units: See Colorado Department of Health and State Ombudsperson.

Medicaid Fraud and Abuse of Funds

Medicaid Fraud and Abuse
Department of Law
1525 Sherman Street, 3rd Floor
Denver, Colorado 80203
Contact: Guy Till
Phone: 303-866-5668

Function: Investigates allegations and prosecutes cases of misappropriation of Medicaid funds by providers or abuse of Medicaid recipients.

Sources for Survey Results

Colorado Department of Health
Health Facilities Division
4210 E. 11th Avenue
Denver, Colorado 80220
Contact: Marge Wilcox
Phone: 303-331-4930

Function: Maintains copies of recent survey results for public viewing. Copies available upon request for a small copying fee. Copies can also be obtained from the facilities themselves, local social services offices, and, for Medicare-certified facilities, from the Social Security office.

State Office on Aging

Department of Social Services
Aging and Adult Services
1575 Sherman Street
Denver, Colorado 80203
Contact: Shannel Lorange
Phone: 303-8665905

Function: Administers federal funds under the Older Americans Act; provides assistance with employment counseling, assisted living programs, transportation and income and support services in conjunction with local Social Services departments and Area Agencies on Aging.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:				
Bathing Residents requiring some or total assistance in bathing.			FACILITY		STATE	NATION
			#	%	%	%
			78	83.0	81.0	81.0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE WASHINGTON COUNTY HOSP NH

Street Address:		City and State:	
465 MAIN ST		AKRON CO 80720	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	29	NON-PROFIT OTHER	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
24	0	15		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	87.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	66.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	45.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	50.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	45.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	29.2	29.7	37.7
Completely bedfast residents.	1	4.2	3.9	3.4
Residents confined to chairs.	8	33.3	45.1	50.8
Residents requiring restraints.	6	25.0	34.7	41.3
Confused or disoriented residents.	12	50.0	57.0	58.4
Residents with bed sores.	3	12.5	8.3	7.1
Residents receiving special skin care.	6	25.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN NURSING HOME

Street Address: 1991 CARROLL STREET BOX 1149		City and State: ALAMOSA CO 81101	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 48		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	98.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	91.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	64.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	64.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	19	32.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.4	29.7	37.7
Completely bedfast residents.	1	1.7	3.9	3.4
Residents confined to chairs.	26	44.1	45.1	50.8
Residents requiring restraints.	28	47.5	34.7	41.3
Confused or disoriented residents.	29	49.2	57.0	58.4
Residents with bed sores.	2	3.4	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAN LUIS CARE CTR

Street Address:		City and State:	
240 CRAFT DRIVE		ALAMOSA CO 81101	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
4	0	4		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	4	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	75.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	75.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	25.0	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	1	25.0	45.1	50.8
Residents requiring restraints.	0	0.0	34.7	41.3
Confused or disoriented residents.	2	50.0	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	2	50.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARVADA HEALTH CTR

Street Address: 6121 W 60TH AVE		City and State: ARVADA CO 80002	
Participation: MEDICAID SNF/ICF	# of Beds: 54	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 0	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	52.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	74.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	68.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	64.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.0	29.7	37.7
Completely bedfast residents.	1	2.0	3.9	3.4
Residents confined to chairs.	2	4.0	45.1	50.8
Residents requiring restraints.	19	38.0	34.7	41.3
Confused or disoriented residents.	21	42.0	57.0	58.4
Residents with bed sores.	2	4.0	8.3	7.1
Residents receiving special skin care.	5	10.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLORADO LUTH HEALTH CARE CTR

Street Address: 7991 W 71ST AVE		City and State: ARVADA CO 80004	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	89.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	88.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	74.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	86.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	59.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	6	5.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	28.2	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	30	25.6	45.1	50.8
Residents requiring restraints.	60	51.3	34.7	41.3
Confused or disoriented residents.	79	67.5	57.0	58.4
Residents with bed sores.	8	6.8	8.3	7.1
Residents receiving special skin care.	9	7.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AURORA CARE CENTER

Street Address: 10201 E THIRD AVE		City and State: AURORA CO 80010	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 59
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	84.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	84.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	72.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	58.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	77.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.6	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	55	47.8	45.1	50.8
Residents requiring restraints.	32	27.8	34.7	41.3
Confused or disoriented residents.	111	96.5	57.0	58.4
Residents with bed sores.	5	4.3	8.3	7.1
Residents receiving special skin care.	8	7.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMELLIA HEALTH CARE CTR

Street Address: 500 GENEVA		City and State: AURORA CO 80010	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 172	Type of Ownership: PROPRIETARY	Survey Date: 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	Medicare Residents: 8	Medicaid Residents: 114		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	92.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	65.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	64.1	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	61.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	36.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	7	4.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	14.1	29.7	37.7
Completely bedfast residents.	1	0.6	3.9	3.4
Residents confined to chairs.	99	58.2	45.1	50.8
Residents requiring restraints.	42	24.7	34.7	41.3
Confused or disoriented residents.	62	36.5	57.0	58.4
Residents with bed sores.	9	5.3	8.3	7.1
Residents receiving special skin care.	20	11.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHERRY CREEK NURSING CTR

Street Address:		City and State:	
14699 E HAMPDEN AVE		AURORA CO 80014	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	180	PROPRIETARY	08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	83.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	93.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	79.1	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	90.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	68.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	43.6	29.7	37.7
Completely bedfast residents.	1	0.6	3.9	3.4
Residents confined to chairs.	49	30.1	45.1	50.8
Residents requiring restraints.	86	52.8	34.7	41.3
Confused or disoriented residents.	78	47.9	57.0	58.4
Residents with bed sores.	13	8.0	8.3	7.1
Residents receiving special skin care.	13	8.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SABLE CARE CTR

Street Address: 656 DILLON WAY		City and State: AURORA CO 80011	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
117	0	81			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		90	76.9	79.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		81	69.2	75.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		69	59.0	65.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		77	65.8	66.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	56.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.		4	3.4	4.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		28	23.9	29.7	37.7
Completely bedfast residents.		3	2.6	3.9	3.4
Residents confined to chairs.		83	70.9	45.1	50.8
Residents requiring restraints.		43	36.8	34.7	41.3
Confused or disoriented residents.		70	59.8	57.0	58.4
Residents with bed sores.		4	3.4	8.3	7.1
Residents receiving special skin care.		20	17.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND VIEW MANOR INC

Street Address:		City and State:	
855 FRANKLIN ST BOX 70		BERTHOUD CO 80513	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	54	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
49	0	28		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	79.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	87.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	73.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	73.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	26.5	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	27	55.1	45.1	50.8
Residents requiring restraints.	20	40.8	34.7	41.3
Confused or disoriented residents.	34	69.4	57.0	58.4
Residents with bed sores.	4	8.2	8.3	7.1
Residents receiving special skin care.	3	6.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOULDER GOOD SAM HEALTH CTR

Street Address: 2525 TAFT DR		City and State: BOULDER CO 80302	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55		Medicare Residents: 0		Medicaid Residents: 12	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	83.6	79.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		42	76.4	75.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		40	72.7	65.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	63.6	66.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		28	50.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	4.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	29.1	29.7	37.7
Completely bedfast residents.		1	1.8	3.9	3.4
Residents confined to chairs.		36	65.5	45.1	50.8
Residents requiring restraints.		11	20.0	34.7	41.3
Confused or disoriented residents.		21	38.2	57.0	58.4
Residents with bed sores.		1	1.8	8.3	7.1
Residents receiving special skin care.		11	20.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOULDER MANOR

Street Address: 4685 E BASELINE RD		City and State: BOULDER CO 80303	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154		Medicare Residents: 5		Medicaid Residents: 89			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				132	85.7	79.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				115	74.7	75.6	83.2
Toileting							
Residents requiring some or total assistance in toileting.				100	64.9	65.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				118	76.6	66.6	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				88	57.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.				1	0.6	4.7	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				32	20.8	29.7	37.7
Completely bedfast residents.				1	0.6	3.9	3.4
Residents confined to chairs.				102	66.2	45.1	50.8
Residents requiring restraints.				50	32.5	34.7	41.3
Confused or disoriented residents.				71	46.1	57.0	58.4
Residents with bed sores.				9	5.8	8.3	7.1
Residents receiving special skin care.				26	16.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FRASIER MEADOWS MANOR HEALTH CARE CENT

Street Address:		City and State:	
350 PONCA PLACE		BOULDER CO 80303	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	110	NON-PROFIT PRIVATE	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	87.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	91.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	81.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	80.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	90.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	10	12.5	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	30.0	29.7	37.7
Completely bedfast residents.	7	8.7	3.9	3.4
Residents confined to chairs.	49	61.2	45.1	50.8
Residents requiring restraints.	45	56.3	34.7	41.3
Confused or disoriented residents.	62	77.5	57.0	58.4
Residents with bed sores.	5	6.3	8.3	7.1
Residents receiving special skin care.	12	15.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TERRACE HEIGHTS CARE CTR

Street Address: 2121 MESA DR		City and State: BOULDER CO 80302	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 162	Type of Ownership: PROPRIETARY	Survey Date: 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	Medicare Residents: 1	Medicaid Residents: 99	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	97.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	77.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	76.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	69.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	74.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	36.8	29.7	37.7
Completely bedfast residents.	10	7.5	3.9	3.4
Residents confined to chairs.	56	42.1	45.1	50.8
Residents requiring restraints.	64	48.1	34.7	41.3
Confused or disoriented residents.	82	61.7	57.0	58.4
Residents with bed sores.	9	6.8	8.3	7.1
Residents receiving special skin care.	66	49.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIGHTON CARE CTR

Street Address:		City and State:	
2025 EGBERT STREET		BRIGHTON CO 80601	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	77.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	79.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	71.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	66.7	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	65.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	24.5	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	70	68.6	45.1	50.8
Residents requiring restraints.	51	50.0	34.7	41.3
Confused or disoriented residents.	72	70.6	57.0	58.4
Residents with bed sores.	5	4.9	8.3	7.1
Residents receiving special skin care.	31	30.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COTTONWOOD CARE CTR

Street Address:		City and State:	
2311 EAST BRIDGE ST		BRIGHTON CO 80601	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	112	PROPRIETARY	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
111	0	105		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	42.3	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	28.8	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	32.4	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	17.1	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	36.0	54.1	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	4.5	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	15	13.5	28.8	39.1
Residents requiring restraints.	13	11.7	22.9	31.7
Confused or disoriented residents.	93	83.8	58.6	55.8
Residents with bed sores.	4	3.6	5.8	4.7
Residents receiving special skin care.	5	4.5	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EBEN EZER LUTHERAN CARE CTR

Street Address: BOX 344		City and State: BRUSH CO 80723	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 137	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	Medicare Residents: 2	Medicaid Residents: 62
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	93.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	84.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	74.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	72.5	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	66.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	25	19.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	38.2	29.7	37.7
Completely bedfast residents.	3	2.3	3.9	3.4
Residents confined to chairs.	42	32.1	45.1	50.8
Residents requiring restraints.	19	14.5	34.7	41.3
Confused or disoriented residents.	95	72.5	57.0	58.4
Residents with bed sores.	17	13.0	8.3	7.1
Residents receiving special skin care.	22	16.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET MANOR

Street Address: 2200 EDISON ST		City and State: BRUSH CO 80723	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 83	Type of Ownership: PROPRIETARY	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 1	Medicaid Residents: 48
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	98.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	89.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	72.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	58.5	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	74.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	68.3	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	42	51.2	45.1	50.8
Residents requiring restraints.	48	58.5	34.7	41.3
Confused or disoriented residents.	80	97.6	57.0	58.4
Residents with bed sores.	8	9.8	8.3	7.1
Residents receiving special skin care.	21	25.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRACE CARE CTR

Street Address:		City and State:	
465 FIFTH STREET		BURLINGTON CO 80807	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
46	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	67.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	69.6	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	65.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	65.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	56.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	28.3	29.7	37.7
Completely bedfast residents.	3	6.5	3.9	3.4
Residents confined to chairs.	23	50.0	45.1	50.8
Residents requiring restraints.	17	37.0	34.7	41.3
Confused or disoriented residents.	20	43.5	57.0	58.4
Residents with bed sores.	4	8.7	8.3	7.1
Residents receiving special skin care.	20	43.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA CARE CTR

Street Address: 515 FAIRVIEW AVE		City and State: CANON CITY CO 81212	
Participation: MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 65
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing					
Residents requiring some or total assistance in bathing.	82	95.3	79.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	68	79.1	75.6	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	59	68.6	65.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	59.3	66.6	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	56	65.1	59.6	68.2	
Residents on individually written bowel and bladder retraining program.	2	2.3	4.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	23	26.7	29.7	37.7	
Completely bedfast residents.	1	1.2	3.9	3.4	
Residents confined to chairs.	38	44.2	45.1	50.8	
Residents requiring restraints.	31	36.0	34.7	41.3	
Confused or disoriented residents.	45	52.3	57.0	58.4	
Residents with bed sores.	7	8.1	8.3	7.1	
Residents receiving special skin care.	41	47.7	20.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANON LODGE

Street Address:		City and State:	
905 HARDING P O BOX 1380		CANON CITY CO 81212	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
58		1		36	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		55	94.8	79.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		40	69.0	75.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		38	65.5	65.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	65.5	66.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	75.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	4.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	24.1	29.7	37.7
Completely bedfast residents.		9	15.5	3.9	3.4
Residents confined to chairs.		15	25.9	45.1	50.8
Residents requiring restraints.		14	24.1	34.7	41.3
Confused or disoriented residents.		26	44.8	57.0	58.4
Residents with bed sores.		7	12.1	8.3	7.1
Residents receiving special skin care.		15	25.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILDEBRAND CARE CTR

Street Address: 1401 PHAY AVE		City and State: CANON CITY CO 81212	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 0	Medicaid Residents: 67
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	68.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	61	61.0	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	55	55.0	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	50.0	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	38.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	23	23.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	23.0	29.7	37.7
Completely bedfast residents.	1	1.0	3.9	3.4
Residents confined to chairs.	30	30.0	45.1	50.8
Residents requiring restraints.	7	7.0	34.7	41.3
Confused or disoriented residents.	45	45.0	57.0	58.4
Residents with bed sores.	4	4.0	8.3	7.1
Residents receiving special skin care.	6	6.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.6
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST THOMAS MORE PROG CARE CTR

Street Address: 1019 SHERIDAN		City and State: CANON CITY CO 81212	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 5	Medicaid Residents: 56
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	86.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	89.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	79.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	72.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	13	13.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	31.0	29.7	37.7
Completely bedfast residents.	5	5.0	3.9	3.4
Residents confined to chairs.	47	47.0	45.1	50.8
Residents requiring restraints.	44	44.0	34.7	41.3
Confused or disoriented residents.	59	59.0	57.0	58.4
Residents with bed sores.	14	14.0	8.3	7.1
Residents receiving special skin care.	21	21.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY VIEW HEALTH CARE CTR

Street Address: 2120 N 10TH ST		City and State: CANON CITY CO 81212	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 52
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	62.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	42	71.2	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	32	54.2	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	32.2	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	40.7	59.6	68.2
 Residents on individually written bowel and bladder retraining program.	1	1.7	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.1	29.7	37.7
 Completely bedfast residents.	2	3.4	3.9	3.4
 Residents confined to chairs.	9	15.3	45.1	50.8
 Residents requiring restraints.	0	0.0	34.7	41.3
 Confused or disoriented residents.	3	5.1	57.0	58.4
 Residents with bed sores.	1	1.7	8.3	7.1
 Residents receiving special skin care.	25	42.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE PARK CARE COMPLEX

Street Address:		City and State:	
1200 VILLAGE ROAD		CARBONDALE CO 81623	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	92.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	76.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	53.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	53.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	69.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	3.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	15.4	29.7	37.7
Completely bedfast residents.	1	3.8	3.9	3.4
Residents confined to chairs.	16	61.5	45.1	50.8
Residents requiring restraints.	2	7.7	34.7	41.3
Confused or disoriented residents.	5	19.2	57.0	58.4
Residents with bed sores.	4	15.4	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASTLE ROCK CARE CTR

Street Address:		City and State:	
4001 HOME STREET		CASTLE ROCK CO 80104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	80	PROPRIETARY	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	56.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	67.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	56.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	52.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	59.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	15.8	29.7	37.7
Completely bedfast residents.	1	1.3	3.9	3.4
Residents confined to chairs.	24	31.6	45.1	50.8
Residents requiring restraints.	21	27.6	34.7	41.3
Confused or disoriented residents.	35	46.1	57.0	58.4
Residents with bed sores.	16	21.1	8.3	7.1
Residents receiving special skin care.	10	13.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHEYENNE MANOR

Street Address: 561 WEST 1ST NORTH		City and State: CHEYENNE WELLS CO 80810	
Participation: MEDICAID ICF	# of Beds: 44	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 19
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	44.7	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	68.4	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	57.9	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	71.1	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	65.8	54.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	26.3	19.0	29.3
Completely bedfast residents.	7	18.4	3.3	3.6
Residents confined to chairs.	8	21.1	28.8	39.1
Residents requiring restraints.	13	34.2	22.9	31.7
Confused or disoriented residents.	31	81.6	58.6	55.8
Residents with bed sores.	2	5.3	5.8	4.7
Residents receiving special skin care.	4	10.5	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLATEAU VALLEY HOSP NH

Street Address: 5812 HWY 330 P O BOX 88		City and State: COLLBRAN CO 81624	
Participation: MEDICAID ICF	# of Beds: 26	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	Medicare Residents: 0	Medicaid Residents: 19
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	69.6	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	60.9	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	47.8	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	34.8	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	30.4	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	21.7	19.0	29.3
Completely bedfast residents.	2	8.7	3.3	3.6
Residents confined to chairs.	2	8.7	28.8	39.1
Residents requiring restraints.	1	4.3	22.9	31.7
Confused or disoriented residents.	9	39.1	58.6	55.8
Residents with bed sores.	0	0.0	5.8	4.7
Residents receiving special skin care.	3	13.0	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASPEN LIVING CTR

Street Address: 1795 MONTEREY RD		City and State: COLORADO SPRINGS CO 80910	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 2	Medicaid Residents: 76
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	81.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	86.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	82.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	46.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	69.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	9	7.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	20.0	29.7	37.7
Completely bedfast residents.	8	7.0	3.9	3.4
Residents confined to chairs.	32	27.8	45.1	50.8
Residents requiring restraints.	14	12.2	34.7	41.3
Confused or disoriented residents.	74	64.3	57.0	58.4
Residents with bed sores.	5	4.3	8.3	7.1
Residents receiving special skin care.	25	21.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA CARE CTR

Street Address:		City and State:	
3625 PARKMOOR VILLAGE DR		COLORADO SPRINGS CO 80933	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	140	NON-PROFIT PRIVATE	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	78.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	78.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	61.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	60.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	52.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	25.7	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	42	38.5	45.1	50.8
Residents requiring restraints.	36	33.0	34.7	41.3
Confused or disoriented residents.	65	59.6	57.0	58.4
Residents with bed sores.	8	7.3	8.3	7.1
Residents receiving special skin care.	13	11.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARWOOD HEALTH CARE CTR

Street Address: 924 W KIOWA ST		City and State: COLORADO SPRINGS CO 80905	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 77	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	83.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	78	82.1	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	79	83.2	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	71.6	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	61.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	33.7	29.7	37.7
Completely bedfast residents.	7	7.4	3.9	3.4
Residents confined to chairs.	35	36.8	45.1	50.8
Residents requiring restraints.	45	47.4	34.7	41.3
Confused or disoriented residents.	55	57.9	57.0	58.4
Residents with bed sores.	4	4.2	8.3	7.1
Residents receiving special skin care.	7	7.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHEYENNE MOUNTAIN NURSING CTR

Street Address:		City and State:	
835 TENDERFOOT HILL RD		COLORADO SPRINGS CO 80906	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	180	PROPRIETARY	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
146	5	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	85.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	87.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	70.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	74.7	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	62.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	51.4	29.7	37.7
Completely bedfast residents.	5	3.4	3.9	3.4
Residents confined to chairs.	41	28.1	45.1	50.8
Residents requiring restraints.	64	43.8	34.7	41.3
Confused or disoriented residents.	103	70.5	57.0	58.4
Residents with bed sores.	12	8.2	8.3	7.1
Residents receiving special skin care.	23	15.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL COLUMNS NURSING CTR

Street Address: 1340 E FILLMORE ST		City and State: COLORADO SPRINGS CO 80907	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 93	Type of Ownership: PROPRIETARY	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 3	Medicaid Residents: 74	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	87.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	71	83.5	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	57	67.1	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	74.1	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	69.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	36.5	29.7	37.7
Completely bedfast residents.	2	2.4	3.9	3.4
Residents confined to chairs.	38	44.7	45.1	50.8
Residents requiring restraints.	42	49.4	34.7	41.3
Confused or disoriented residents.	54	63.5	57.0	58.4
Residents with bed sores.	9	10.6	8.3	7.1
Residents receiving special skin care.	8	9.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN OF THE GODS CARE CTR

Street Address: 104 LOIS LANE		City and State: COLORADO SPRINGS CO 80904	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 29	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	91.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	81.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	68.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.1	29.7	37.7
Completely bedfast residents.	3	6.3	3.9	3.4
Residents confined to chairs.	12	25.0	45.1	50.8
Residents requiring restraints.	24	50.0	34.7	41.3
Confused or disoriented residents.	28	58.3	57.0	58.4
Residents with bed sores.	1	2.1	8.3	7.1
Residents receiving special skin care.	5	10.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLOCKNER INN (PENROSE HOSP COLO SPRGS)

Street Address: 2215 NO CASCADE AVE		City and State: COLORADO SPRINGS CO 80907	
Participation: MEDICARE SNF	# of Beds: 20	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	Medicare Residents: 17	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	94.1	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	16	94.1	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	16	94.1	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	94.1	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	29.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	5.9	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	29.7	37.7
Completely bedfast residents.	1	5.9	3.9	3.4
Residents confined to chairs.	1	5.9	45.1	50.8
Residents requiring restraints.	1	5.9	34.7	41.3
Confused or disoriented residents.	4	23.5	57.0	58.4
Residents with bed sores.	3	17.6	8.3	7.1
Residents receiving special skin care.	4	23.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAUREL MANOR CARE CTR

Street Address: 920 S CHELTON RD		City and State: COLORADO SPRINGS CO 80910	
Participation: MEDICAID SNF/ICF	# of Beds: 108	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 0	Medicaid Residents: 85
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	85.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	84.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	80.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	71.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	80.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	29.4	29.7	37.7
Completely bedfast residents.	16	15.7	3.9	3.4
Residents confined to chairs.	50	49.0	45.1	50.8
Residents requiring restraints.	44	43.1	34.7	41.3
Confused or disoriented residents.	91	89.2	57.0	58.4
Residents with bed sores.	8	7.8	8.3	7.1
Residents receiving special skin care.	47	46.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDALION MEDICAL CTR

Street Address: 1719 E BIJOU ST		City and State: COLORADO SPRINGS CO 80909	
Participation: MEDICARE SNF	# of Beds: 32	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	Medicare Residents: 20	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	100	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	19	95.0	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	18	90.0	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	80.0	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	100	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	10.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	50.0	29.7	37.7
Completely bedfast residents.	1	5.0	3.9	3.4
Residents confined to chairs.	9	45.0	45.1	50.8
Residents requiring restraints.	11	55.0	34.7	41.3
Confused or disoriented residents.	14	70.0	57.0	58.4
Residents with bed sores.	7	35.0	8.3	7.1
Residents receiving special skin care.	7	35.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN VIEW CARE CTR

Street Address:		City and State:	
2612 W CUCHARRAS ST		COLORADO SPRINGS CO 80904	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
74	0	62			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	46	62.2	79.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	38	51.4	75.6	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	31	41.9	65.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	55.4	66.6	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	32	43.2	59.6	68.2	
Residents on individually written bowel and bladder retraining program.	3	4.1	4.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	14	18.9	29.7	37.7	
Completely bedfast residents.	3	4.1	3.9	3.4	
Residents confined to chairs.	27	36.5	45.1	50.8	
Residents requiring restraints.	20	27.0	34.7	41.3	
Confused or disoriented residents.	46	62.2	57.0	58.4	
Residents with bed sores.	1	1.4	8.3	7.1	
Residents receiving special skin care.	9	12.2	20.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIKES PEAK MANOR INC

Street Address:		City and State:	
2719 N UNION BLVD		COLORADO SPRINGS CO 80909	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	250	PROPRIETARY	02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
225	5	89	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	161	71.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	74.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	51.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	61.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	52.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	16	7.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	24.0	29.7	37.7
Completely bedfast residents.	7	3.1	3.9	3.4
Residents confined to chairs.	58	25.8	45.1	50.8
Residents requiring restraints.	62	27.6	34.7	41.3
Confused or disoriented residents.	110	48.9	57.0	58.4
Residents with bed sores.	19	8.4	8.3	7.1
Residents receiving special skin care.	21	9.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSPECT LAKE HEALTH CARE CTR

Street Address: 1420 E FOUNTAIN BLVD		City and State: COLORADO SPRINGS CO 80910	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 49	Type of Ownership: PROPRIETARY	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 47		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	89.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	53.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	44.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	34.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	55.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	18	38.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.9	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	14	29.8	45.1	50.8
Residents requiring restraints.	13	27.7	34.7	41.3
Confused or disoriented residents.	22	46.8	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	1	2.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRINGS VILLAGE CARE CTR

Street Address:		City and State:	
110 WEST VAN BUREN		COLORADO SPRINGS CO 80907	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	133	NON-PROFIT OTHER	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
108	50	58		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	76.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	76.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	73.1	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	77.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	68.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	26.9	29.7	37.7
Completely bedfast residents.	4	3.7	3.9	3.4
Residents confined to chairs.	55	50.9	45.1	50.8
Residents requiring restraints.	51	47.2	34.7	41.3
Confused or disoriented residents.	55	50.9	57.0	58.4
Residents with bed sores.	17	15.7	8.3	7.1
Residents receiving special skin care.	11	10.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST FRANCIS HOSP/SKILLED NRSG UNIT

Street Address:		City and State:	
E PIKES PEAK AND PROSPECT		COLORADO SPRINGS CO 80903	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	20	NON-PROFIT RELIGIOUS	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
11	11	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	81.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	18.2	29.7	37.7
Completely bedfast residents.	5	45.5	3.9	3.4
Residents confined to chairs.	5	45.5	45.1	50.8
Residents requiring restraints.	5	45.5	34.7	41.3
Confused or disoriented residents.	4	36.4	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNYREST HEALTH CARE FACILITY

Street Address:		City and State:	
2400 E CACHE LA POUDRE ST		COLORADO SPRINGS CO 80909	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	107	NON-PROFIT PRIVATE	05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	63.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	78.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	76.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	57.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	34.7	29.7	37.7
Completely bedfast residents.	3	3.2	3.9	3.4
Residents confined to chairs.	73	76.8	45.1	50.8
Residents requiring restraints.	41	43.2	34.7	41.3
Confused or disoriented residents.	50	52.6	57.0	58.4
Residents with bed sores.	4	4.2	8.3	7.1
Residents receiving special skin care.	12	12.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TERRACE GARDENS HEALTH CARE CTR

Street Address: 2438 FOUNTAIN BLVD		City and State: COLORADO SPRINGS CO 80910	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 1	Medicaid Residents: 81
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	80.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	73.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	66.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	64.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	49.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	36.9	29.7	37.7
Completely bedfast residents.	6	5.8	3.9	3.4
Residents confined to chairs.	48	46.6	45.1	50.8
Residents requiring restraints.	43	41.7	34.7	41.3
Confused or disoriented residents.	49	47.6	57.0	58.4
Residents with bed sores.	9	8.7	8.3	7.1
Residents receiving special skin care.	19	18.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNION PRINTERS HOME ECF

Street Address: 101 SO UNION BLVD		City and State: COLORADO SPRINGS CO 80901	
Participation: MEDICARE SNF	# of Beds: 5	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	Medicare Residents: 1	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	1	100	45.1	50.8
Residents requiring restraints.	1	100	34.7	41.3
Confused or disoriented residents.	1	100	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	1	100	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSE HILL CARE CENTER

Street Address:		City and State:	
5230 EAST 66TH WAY		COMMERCE CITY CO 80022	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	106	PROPRIETARY	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	0	94		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	90.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	80.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	78.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	58.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	63.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	36.0	29.7	37.7
Completely bedfast residents.	8	8.0	3.9	3.4
Residents confined to chairs.	47	47.0	45.1	50.8
Residents requiring restraints.	39	39.0	34.7	41.3
Confused or disoriented residents.	59	59.0	57.0	58.4
Residents with bed sores.	10	10.0	8.3	7.1
Residents receiving special skin care.	8	8.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSHINE HEALTH CARE CTR

Street Address: 7150 POPLAR ST		City and State: COMMERCE CITY CO 80022	
Participation: MEDICAID SNF/ICF	# of Beds: 109	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 0	Medicaid Residents: 98
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	44.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	30.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	22.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	17.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	28.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	10.1	29.7	37.7
Completely bedfast residents.	1	1.0	3.9	3.4
Residents confined to chairs.	15	15.2	45.1	50.8
Residents requiring restraints.	5	5.1	34.7	41.3
Confused or disoriented residents.	24	24.2	57.0	58.4
Residents with bed sores.	3	3.0	8.3	7.1
Residents receiving special skin care.	8	8.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VISTA GRANDE NH

Street Address: 1311 N MILDRED RD		City and State: CORTEZ CO 81321	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 76	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	Medicare Residents: 0	Medicaid Residents: 56
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	93.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	64.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	68.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	71.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	65.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	27.6	29.7	37.7
Completely bedfast residents.	6	7.9	3.9	3.4
Residents confined to chairs.	20	26.3	45.1	50.8
Residents requiring restraints.	0	0.0	34.7	41.3
Confused or disoriented residents.	48	63.2	57.0	58.4
Residents with bed sores.	7	9.2	8.3	7.1
Residents receiving special skin care.	8	10.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HORIZONS NH

Street Address:		City and State:	
BOX 53 STAR ROUTE		CORY CO 81414	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	68	NON-PROFIT OTHER	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	53.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	75.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	78.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	78.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.0	29.7	37.7
Completely bedfast residents.	4	6.7	3.9	3.4
Residents confined to chairs.	31	51.7	45.1	50.8
Residents requiring restraints.	13	21.7	34.7	41.3
Confused or disoriented residents.	24	40.0	57.0	58.4
Residents with bed sores.	4	6.7	8.3	7.1
Residents receiving special skin care.	6	10.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY VIEW MANOR

Street Address:		City and State:	
943 W 8TH DR		CRAIG CO 81625	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	88.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	83.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	71.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	81.7	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	70.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	18.3	29.7	37.7
Completely bedfast residents.	3	5.0	3.9	3.4
Residents confined to chairs.	25	41.7	45.1	50.8
Residents requiring restraints.	26	43.3	34.7	41.3
Confused or disoriented residents.	47	78.3	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	8	13.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLTOP NH

Street Address:		City and State:	
A STREET AT HETTIG AVE		CRIPPLE CREEK CO 80813	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	LOCAL GOVERNMENT	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
46	0	37	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	67.4	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	52.2	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	43.5	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	39.1	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	39.1	54.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.2	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	13.0	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	9	19.6	28.8	39.1
Residents requiring restraints.	10	21.7	22.9	31.7
Confused or disoriented residents.	15	32.6	58.6	55.8
Residents with bed sores.	0	0.0	5.8	4.7
Residents receiving special skin care.	5	10.9	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH HOSP/NH OF DEL NORTE

Street Address: 1280 GRANDE		City and State: DEL NORTE CO 81132	
Participation: MEDICAID SNF/ICF	# of Beds: 33	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	Medicare Residents: 0	Medicaid Residents: 20
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	93.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	93.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	78.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	78.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	81.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	42.4	29.7	37.7
Completely bedfast residents.	1	3.0	3.9	3.4
Residents confined to chairs.	17	51.5	45.1	50.8
Residents requiring restraints.	12	36.4	34.7	41.3
Confused or disoriented residents.	19	57.6	57.0	58.4
Residents with bed sores.	4	12.1	8.3	7.1
Residents receiving special skin care.	8	24.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA CARE CENTER

Street Address:		City and State:	
2050 SOUTH MAIN ST		DELTA CO 81416	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	90	NON-PROFIT OTHER	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	83.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	82.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	75.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	75.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	65.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	32.1	29.7	37.7
Completely bedfast residents.	7	9.0	3.9	3.4
Residents confined to chairs.	53	67.9	45.1	50.8
Residents requiring restraints.	25	32.1	34.7	41.3
Confused or disoriented residents.	35	44.9	57.0	58.4
Residents with bed sores.	3	3.8	8.3	7.1
Residents receiving special skin care.	10	12.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELTA CARE CTR

Street Address: 1102 GRAND AVE P O BOX 209		City and State: DELTA CO 81416	
Participation: MEDICAID ICF	# of Beds: 40	Type of Ownership: PROPRIETARY	Survey Date: 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	Medicare Residents: 0	Medicaid Residents: 34
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	67.6	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	56.8	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	51.4	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	54.1	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	37.8	54.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.7	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	27.0	19.0	29.3
Completely bedfast residents.	1	2.7	3.3	3.6
Residents confined to chairs.	15	40.5	28.8	39.1
Residents requiring restraints.	8	21.6	22.9	31.7
Confused or disoriented residents.	12	32.4	58.6	55.8
Residents with bed sores.	0	0.0	5.8	4.7
Residents receiving special skin care.	2	5.4	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARKANSAS MANOR NH INC

Street Address:		City and State:	
3185 W ARKANSAS		DENVER CO 80219	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	79.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	76.6	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	71.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	71.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	49.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	14	13.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	41.1	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	25	23.4	45.1	50.8
Residents requiring restraints.	27	25.2	34.7	41.3
Confused or disoriented residents.	24	22.4	57.0	58.4
Residents with bed sores.	9	8.4	8.3	7.1
Residents receiving special skin care.	49	45.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASBURY CIRCLE LIVING CENTER

Street Address:		City and State:	
4660 E ASBURY CIRCLE		DENVER CO 80222	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	82	NON-PROFIT RELIGIOUS	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
77	0	20	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	83.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	62.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	54.5	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	53.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	24.7	29.7	37.7
Completely bedfast residents.	2	2.6	3.9	3.4
Residents confined to chairs.	40	51.9	45.1	50.8
Residents requiring restraints.	24	31.2	34.7	41.3
Confused or disoriented residents.	41	53.2	57.0	58.4
Residents with bed sores.	1	1.3	8.3	7.1
Residents receiving special skin care.	5	6.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN HTD HEALTH CARE CTR

Street Address:		City and State:	
3131 SO FEDERAL BLVD		DENVER CO 80236	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	178	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
166	5	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	75.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	49.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	62.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	61.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	50.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	12.7	29.7	37.7
Completely bedfast residents.	4	2.4	3.9	3.4
Residents confined to chairs.	114	68.7	45.1	50.8
Residents requiring restraints.	59	35.5	34.7	41.3
Confused or disoriented residents.	113	68.1	57.0	58.4
Residents with bed sores.	7	4.2	8.3	7.1
Residents receiving special skin care.	67	40.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELLA VITA TOWERS INC

Street Address:		City and State:	
4450 E JEWELL AVE		DENVER CO 80222	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	136	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	1	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	83.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	86.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	70.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	73.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	62.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	26.2	29.7	37.7
Completely bedfast residents.	16	13.1	3.9	3.4
Residents confined to chairs.	67	54.9	45.1	50.8
Residents requiring restraints.	44	36.1	34.7	41.3
Confused or disoriented residents.	53	43.4	57.0	58.4
Residents with bed sores.	18	14.8	8.3	7.1
Residents receiving special skin care.	17	13.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BERKLEY MANOR CARE CTR

Street Address: 735 S LOCUST ST		City and State: DENVER CO 80222	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	Medicare Residents: 0	Medicaid Residents: 19	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	81.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	86	82.7	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	79	76.0	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	70.2	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	65.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	47.1	29.7	37.7
Completely bedfast residents.	4	3.8	3.9	3.4
Residents confined to chairs.	86	82.7	45.1	50.8
Residents requiring restraints.	30	28.8	34.7	41.3
Confused or disoriented residents.	86	82.7	57.0	58.4
Residents with bed sores.	9	8.7	8.3	7.1
Residents receiving special skin care.	14	13.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BETH ISRAEL GERIATRIC CTR

Street Address:		City and State:	
1601 LOWELL BLVD		DENVER CO 80204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	147	NON-PROFIT PRIVATE	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
136		0		92	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		132	97.1	79.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		103	75.7	75.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		90	66.2	65.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	62.5	66.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		58	42.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.		7	5.1	4.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		60	44.1	29.7	37.7
Completely bedfast residents.		2	1.5	3.9	3.4
Residents confined to chairs.		57	41.9	45.1	50.8
Residents requiring restraints.		54	39.7	34.7	41.3
Confused or disoriented residents.		47	34.6	57.0	58.4
Residents with bed sores.		5	3.7	8.3	7.1
Residents receiving special skin care.		22	16.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETH ISRAEL PAVILION-ECF

Street Address: 1601 LOWELL BLVD		City and State: DENVER CO 80204	
Participation: MEDICARE SNF	# of Beds: 32	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10		Medicare Residents: 10		Medicaid Residents: 0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		7	70.0	79.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		9	90.0	75.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		9	90.0	65.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		9	90.0	66.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		2	20.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	4.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		1	10.0	29.7	37.7
Completely bedfast residents.		1	10.0	3.9	3.4
Residents confined to chairs.		1	10.0	45.1	50.8
Residents requiring restraints.		2	20.0	34.7	41.3
Confused or disoriented residents.		2	20.0	57.0	58.4
Residents with bed sores.		2	20.0	8.3	7.1
Residents receiving special skin care.		3	30.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRENTWOOD CARE CTR

Street Address:		City and State:	
1825 S FEDERAL BLVD		DENVER CO 80219	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	71.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	71.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	68.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	78.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	35.0	29.7	37.7
Completely bedfast residents.	1	1.7	3.9	3.4
Residents confined to chairs.	31	51.7	45.1	50.8
Residents requiring restraints.	20	33.3	34.7	41.3
Confused or disoriented residents.	36	60.0	57.0	58.4
Residents with bed sores.	3	5.0	8.3	7.1
Residents receiving special skin care.	14	23.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLMARK CARE CENTER

Street Address:		City and State:	
3701 WEST RADCLIFF		DENVER CO 80236	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	120	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	6	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	77.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	73.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	57.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	65.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	58.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.2	29.7	37.7
Completely bedfast residents.	6	6.5	3.9	3.4
Residents confined to chairs.	44	47.3	45.1	50.8
Residents requiring restraints.	18	19.4	34.7	41.3
Confused or disoriented residents.	46	49.5	57.0	58.4
Residents with bed sores.	7	7.5	8.3	7.1
Residents receiving special skin care.	18	19.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE REHABILITATION CTR

Street Address: 1500 HOOKER		City and State: DENVER CO 80204	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 36
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	85.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	79.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	75.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	75.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	12	25.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	68.8	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	35	72.9	45.1	50.8
Residents requiring restraints.	35	72.9	34.7	41.3
Confused or disoriented residents.	40	83.3	57.0	58.4
Residents with bed sores.	2	4.2	8.3	7.1
Residents receiving special skin care.	13	27.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLLY HEIGHTS NH

Street Address:		City and State:	
6000 E ILIFF AVE		DENVER CO 80222	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	151	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	1	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	59.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	88.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	74.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	75.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	69.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	36.6	29.7	37.7
Completely bedfast residents.	1	0.7	3.9	3.4
Residents confined to chairs.	76	56.7	45.1	50.8
Residents requiring restraints.	67	50.0	34.7	41.3
Confused or disoriented residents.	67	50.0	57.0	58.4
Residents with bed sores.	10	7.5	8.3	7.1
Residents receiving special skin care.	39	29.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment charged radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ILIFF CARE CTR

Street Address: 6060 E ILIFF		City and State: DENVER CO 80222	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	Medicare Residents: 0	Medicaid Residents: 100	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	67.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	62.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	51.9	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	60.5	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	42.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	17.3	29.7	37.7
Completely bedfast residents.	5	3.1	3.9	3.4
Residents confined to chairs.	97	59.9	45.1	50.8
Residents requiring restraints.	27	16.7	34.7	41.3
Confused or disoriented residents.	73	45.1	57.0	58.4
Residents with bed sores.	16	9.9	8.3	7.1
Residents receiving special skin care.	6	3.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IVY NURSING CENTER

Street Address: 2205 WEST 29TH AVE		City and State: DENVER CO 80211	
Participation: MEDICAID SNF/ICF	# of Beds: 162	Type of Ownership: PROPRIETARY	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 109
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	50.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	52	44.4	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	49	41.9	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	47.0	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	35.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	6.8	29.7	37.7
Completely bedfast residents.	1	0.9	3.9	3.4
Residents confined to chairs.	26	22.2	45.1	50.8
Residents requiring restraints.	16	13.7	34.7	41.3
Confused or disoriented residents.	52	44.4	57.0	58.4
Residents with bed sores.	9	7.7	8.3	7.1
Residents receiving special skin care.	28	23.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MULLEN HOME FOR THE ELDERLY

Street Address: 3629 W 29TH AVE		City and State: DENVER CO 80211	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	Medicare Residents: 0	Medicaid Residents: 51
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	90.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	77.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	48.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	53.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	56.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	29.8	29.7	37.7
Completely bedfast residents.	3	3.6	3.9	3.4
Residents confined to chairs.	39	46.4	45.1	50.8
Residents requiring restraints.	35	41.7	34.7	41.3
Confused or disoriented residents.	32	38.1	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	6	7.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK AVENUE BAPTIST HOME

Street Address:		City and State:	
1535 PARK AVENUE		DENVER CO 80218	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	105	NON-PROFIT RELIGIOUS	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	76.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	77.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	67.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	60.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.3	29.7	37.7
Completely bedfast residents.	8	9.1	3.9	3.4
Residents confined to chairs.	38	43.2	45.1	50.8
Residents requiring restraints.	19	21.6	34.7	41.3
Confused or disoriented residents.	55	62.5	57.0	58.4
Residents with bed sores.	11	12.5	8.3	7.1
Residents receiving special skin care.	9	10.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK VIEW MANOR NH INC

Street Address:		City and State:	
3105 W ARKANSAS		DENVER CO 80219	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	90	PROPRIETARY	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
80	0	58	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	76.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	75.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	61.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	61.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	60.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	17	21.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	32.5	29.7	37.7
Completely bedfast residents.	5	6.3	3.9	3.4
Residents confined to chairs.	33	41.2	45.1	50.8
Residents requiring restraints.	31	38.7	34.7	41.3
Confused or disoriented residents.	34	42.5	57.0	58.4
Residents with bed sores.	6	7.5	8.3	7.1
Residents receiving special skin care.	14	17.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRESBYTERIAN DENVER HOSPITAL ECF

Street Address: 1719 EAST 19TH AVE		City and State: DENVER CO 80218	
Participation: MEDICARE SNF	# of Beds: 32	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	Medicare Residents: 21	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	20.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	36.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	72.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	80.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	32.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	20.0	29.7	37.7
Completely bedfast residents.	1	4.0	3.9	3.4
Residents confined to chairs.	2	8.0	45.1	50.8
Residents requiring restraints.	1	4.0	34.7	41.3
Confused or disoriented residents.	1	4.0	57.0	58.4
Residents with bed sores.	2	8.0	8.3	7.1
Residents receiving special skin care.	2	8.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKY MT HEALTH CARE CTR

Street Address:		City and State:	
2201 DOWNING ST		DENVER CO 80205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	29.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	30.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	18.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	20.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	30.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	10.5	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	16	18.6	45.1	50.8
Residents requiring restraints.	13	15.1	34.7	41.3
Confused or disoriented residents.	65	75.6	57.0	58.4
Residents with bed sores.	2	2.3	8.3	7.1
Residents receiving special skin care.	13	15.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST PAUL HEALTH CTR

Street Address: 1667 ST PAUL STREET		City and State: DENVER CO 80206	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 256	Type of Ownership: PROPRIETARY	Survey Date: 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 230	Medicare Residents: 0	Medicaid Residents: 171
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	188	81.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	175	76.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	52.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	48.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	53.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	6	2.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	15.2	29.7	37.7
Completely bedfast residents.	15	6.5	3.9	3.4
Residents confined to chairs.	86	37.4	45.1	50.8
Residents requiring restraints.	116	50.4	34.7	41.3
Confused or disoriented residents.	158	68.7	57.0	58.4
Residents with bed sores.	32	13.9	8.3	7.1
Residents receiving special skin care.	54	23.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STOVALL CARE CTR

Street Address:		City and State:	
3345 FOREST ST		DENVER CO 80207	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	83.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	76.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	71.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	51.7	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	71.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	29.7	37.7
Completely bedfast residents.	4	6.7	3.9	3.4
Residents confined to chairs.	22	36.7	45.1	50.8
Residents requiring restraints.	25	41.7	34.7	41.3
Confused or disoriented residents.	40	66.7	57.0	58.4
Residents with bed sores.	5	8.3	8.3	7.1
Residents receiving special skin care.	4	6.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNY ACRES VILLA

Street Address:		City and State:	
2501 E 104TH AVE		DENVER CO 80233	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	118	NON-PROFIT PRIVATE	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	4	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	72.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	84.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	82.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	81.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	69.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	18	16.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	46.8	29.7	37.7
Completely bedfast residents.	3	2.7	3.9	3.4
Residents confined to chairs.	44	39.6	45.1	50.8
Residents requiring restraints.	70	63.1	34.7	41.3
Confused or disoriented residents.	91	82.0	57.0	58.4
Residents with bed sores.	10	9.0	8.3	7.1
Residents receiving special skin care.	15	13.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNIV HILLS CHRISTIAN NH

Street Address:		City and State:	
2480 S CLERMONT		DENVER CO 80222	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	94	NON-PROFIT RELIGIOUS	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	67.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	59.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	52.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	58.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	41.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.6	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	38	41.8	45.1	50.8
Residents requiring restraints.	34	37.4	34.7	41.3
Confused or disoriented residents.	22	24.2	57.0	58.4
Residents with bed sores.	8	8.8	8.3	7.1
Residents receiving special skin care.	17	18.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY HI NH, INC

Street Address:		City and State:	
4686 E ASBURY CIRCLE		DENVER CO 80222	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	64.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	72.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	67.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	71.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	55.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	24.7	29.7	37.7
Completely bedfast residents.	1	1.3	3.9	3.4
Residents confined to chairs.	31	40.3	45.1	50.8
Residents requiring restraints.	26	33.8	34.7	41.3
Confused or disoriented residents.	48	62.3	57.0	58.4
Residents with bed sores.	9	11.7	8.3	7.1
Residents receiving special skin care.	14	18.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY MANOR HEALTH CARE CTR

Street Address:		City and State:	
4601 E ASBURY CIRCLE		DENVER CO 80222	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	85	PROPRIETARY	06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	4	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	87.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	92.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	73.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	63.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	72.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	32.9	29.7	37.7
Completely bedfast residents.	3	3.8	3.9	3.4
Residents confined to chairs.	30	38.0	45.1	50.8
Residents requiring restraints.	37	46.8	34.7	41.3
Confused or disoriented residents.	64	81.0	57.0	58.4
Residents with bed sores.	7	8.9	8.3	7.1
Residents receiving special skin care.	33	41.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR CORNERS HEALTH CTR

Street Address:		City and State:	
2911 JUNCTION STREET		DURANGO CO 81301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	118	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
113	0	83	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	92.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	88.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	75.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	83.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	75.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	34.5	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	52	46.0	45.1	50.8
Residents requiring restraints.	59	52.2	34.7	41.3
Confused or disoriented residents.	82	72.6	57.0	58.4
Residents with bed sores.	5	4.4	8.3	7.1
Residents receiving special skin care.	25	22.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY PROGRESSIVE CARE CTR

Street Address: 375 E PARK AVE		City and State: DURANGO CO 81301	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 11	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 6	Medicare Residents: 0	Medicaid Residents: 5
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	66.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	4	66.7	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	4	66.7	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	50.0	59.6	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	50.0	29.7	37.7
 Completely bedfast residents.	0	0.0	3.9	3.4
 Residents confined to chairs.	0	0.0	45.1	50.8
 Residents requiring restraints.	2	33.3	34.7	41.3
 Confused or disoriented residents.	2	33.3	57.0	58.4
 Residents with bed sores.	0	0.0	8.3	7.1
 Residents receiving special skin care.	2	33.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEISBROD MEMORIAL CO HOSP NH

Street Address: 1208 LUTHER ST		City and State: EADS CO 81036	
Participation: MEDICAID ICF	# of Beds: 34	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	Medicare Residents: 0	Medicaid Residents: 21	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	76.0	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	64.0	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	44.0	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	48.0	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	44.0	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	24.0	19.0	29.3
Completely bedfast residents.	3	12.0	3.3	3.6
Residents confined to chairs.	6	24.0	28.8	39.1
Residents requiring restraints.	7	28.0	22.9	31.7
Confused or disoriented residents.	13	52.0	58.6	55.8
Residents with bed sores.	1	4.0	5.8	4.7
Residents receiving special skin care.	2	8.0	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHERRY HILLS NH

Street Address: 3575 S WASHINGTON AVE		City and State: ENGLEWOOD CO 80110	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 95	Type of Ownership: PROPRIETARY	Survey Date: 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 0	Medicaid Residents: 36
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	85.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	78.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	75.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	59.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	27.2	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	33	35.9	45.1	50.8
Residents requiring restraints.	49	53.3	34.7	41.3
Confused or disoriented residents.	47	51.1	57.0	58.4
Residents with bed sores.	5	5.4	8.3	7.1
Residents receiving special skin care.	37	40.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHERRY PARK HEALTH CARE FACILITY

Street Address: 3636 S PEARL ST		City and State: ENGLEWOOD CO 80110	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93		Medicare Residents: 2		Medicaid Residents: 52			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				84	90.3	79.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				60	64.5	75.6	83.2
Toileting							
Residents requiring some or total assistance in toileting.				48	51.6	65.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				50	53.8	66.6	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				41	44.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	4.7	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				10	10.8	29.7	37.7
Completely bedfast residents.				0	0.0	3.9	3.4
Residents confined to chairs.				28	30.1	45.1	50.8
Residents requiring restraints.				36	38.7	34.7	41.3
Confused or disoriented residents.				40	43.0	57.0	58.4
Residents with bed sores.				4	4.3	8.3	7.1
Residents receiving special skin care.				10	10.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JULIA TEMPLE CTR

Street Address:		City and State:	
3401 S LAFAYETTE		ENGLEWOOD CO 80110	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	136	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
130	0	55	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	93.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	93.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	78.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	92.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	80.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	97	74.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	36.2	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	13	10.0	45.1	50.8
Residents requiring restraints.	39	30.0	34.7	41.3
Confused or disoriented residents.	127	97.7	57.0	58.4
Residents with bed sores.	5	3.8	8.3	7.1
Residents receiving special skin care.	34	26.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSPECT PARK SNF

Street Address:		City and State:	
555 PROSPECT		ESTES PARK CO 80517	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	LOCAL GOVERNMENT	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
49	2	22		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	73.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	69.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	69.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	65.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	28.6	29.7	37.7
Completely bedfast residents.	1	2.0	3.9	3.4
Residents confined to chairs.	21	42.9	45.1	50.8
Residents requiring restraints.	22	44.9	34.7	41.3
Confused or disoriented residents.	16	32.7	57.0	58.4
Residents with bed sores.	1	2.0	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLORADO STATE VETERANS NH

Street Address:		City and State:	
MOORE DR		FLORENCE CO 81226	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	STATE GOVERNMENT	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	0	32	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	75.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	76.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	65.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	52.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	21.4	29.7	37.7
Completely bedfast residents.	2	1.7	3.9	3.4
Residents confined to chairs.	54	46.2	45.1	50.8
Residents requiring restraints.	42	35.9	34.7	41.3
Confused or disoriented residents.	79	67.5	57.0	58.4
Residents with bed sores.	6	5.1	8.3	7.1
Residents receiving special skin care.	1	0.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH MANOR

Street Address:		City and State:	
600 WEST 3RD STREET		FLORENCE CO 81226	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	43	NON-PROFIT PRIVATE	05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	87.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	87.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	82.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	85.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	85.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	22.5	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	8	20.0	45.1	50.8
Residents requiring restraints.	18	45.0	34.7	41.3
Confused or disoriented residents.	25	62.5	57.0	58.4
Residents with bed sores.	4	10.0	8.3	7.1
Residents receiving special skin care.	8	20.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLUMBINE CARE CTR

Street Address:		City and State:	
421 PARKER ST		FORT COLLINS CO 80525	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	93.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	98.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	76.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	66.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	65.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	36.4	29.7	37.7
Completely bedfast residents.	5	4.5	3.9	3.4
Residents confined to chairs.	38	34.5	45.1	50.8
Residents requiring restraints.	36	32.7	34.7	41.3
Confused or disoriented residents.	71	64.5	57.0	58.4
Residents with bed sores.	8	7.3	8.3	7.1
Residents receiving special skin care.	3	2.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR SEASONS HEALTH CARE CTR

Street Address: 1020 PATTON ST		City and State: FORT COLLINS CO 80524	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 3	Medicaid Residents: 57	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	64.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	82.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	59.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	57.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	58.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	24.0	29.7	37.7
Completely bedfast residents.	4	4.2	3.9	3.4
Residents confined to chairs.	42	43.8	45.1	50.8
Residents requiring restraints.	30	31.3	34.7	41.3
Confused or disoriented residents.	54	56.3	57.0	58.4
Residents with bed sores.	4	4.2	8.3	7.1
Residents receiving special skin care.	5	5.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FT COLLINS GOOD SAM RETIRE VILLAGE

Street Address:		City and State:	
508 W TRILBY RD		FORT COLLINS CO 80525	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT PRIVATE	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	1	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	83.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	83.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	81.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	79.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	36.7	29.7	37.7
Completely bedfast residents.	3	6.1	3.9	3.4
Residents confined to chairs.	39	79.6	45.1	50.8
Residents requiring restraints.	29	59.2	34.7	41.3
Confused or disoriented residents.	28	57.1	57.0	58.4
Residents with bed sores.	3	6.1	8.3	7.1
Residents receiving special skin care.	11	22.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FT COLLINS HEALTH CARE CTR

Street Address:		City and State:	
1000 LEMAY AVE		FORT COLLINS CO 80521	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
65	1	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	61.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	75.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	72.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	69.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	69.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	21.5	29.7	37.7
Completely bedfast residents.	3	4.6	3.9	3.4
Residents confined to chairs.	43	66.2	45.1	50.8
Residents requiring restraints.	27	41.5	34.7	41.3
Confused or disoriented residents.	32	49.2	57.0	58.4
Residents with bed sores.	6	9.2	8.3	7.1
Residents receiving special skin care.	26	40.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN WEST N H

Street Address:		City and State:	
1005 E ELIZABETH ST		FORT COLLINS CO 80521	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	91.7	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	80.6	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	72.2	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	69.4	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	72.2	54.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.8	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	16.7	19.0	29.3
Completely bedfast residents.	5	13.9	3.3	3.6
Residents confined to chairs.	3	8.3	28.8	39.1
Residents requiring restraints.	16	44.4	22.9	31.7
Confused or disoriented residents.	23	63.9	58.6	55.8
Residents with bed sores.	5	13.9	5.8	4.7
Residents receiving special skin care.	21	58.3	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRING CREEK HEALTH CARE CTR

Street Address:		City and State:	
1000 STUART ST		FORT COLLINS CO 80525	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	157	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
131	7	80	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	89.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	80.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	77.1	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	70.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	71.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	39.7	29.7	37.7
Completely bedfast residents.	7	5.3	3.9	3.4
Residents confined to chairs.	71	54.2	45.1	50.8
Residents requiring restraints.	57	43.5	34.7	41.3
Confused or disoriented residents.	81	61.8	57.0	58.4
Residents with bed sores.	7	5.3	8.3	7.1
Residents receiving special skin care.	40	30.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY VIEW VILLA N H

Street Address:		City and State:	
815 FREMONT		FORT MORGAN CO 80701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	80.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	82.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	65.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	59.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	44.0	29.7	37.7
Completely bedfast residents.	1	1.0	3.9	3.4
Residents confined to chairs.	49	49.0	45.1	50.8
Residents requiring restraints.	45	45.0	34.7	41.3
Confused or disoriented residents.	69	69.0	57.0	58.4
Residents with bed sores.	10	10.0	8.3	7.1
Residents receiving special skin care.	28	28.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOWLER HEALTH CARE CTR

Street Address:		City and State:	
2ND & FLORENCE ST		FOWLER CO 81039	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	45	PROPRIETARY	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	84.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	72.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	59.1	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	56.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	40.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	8	18.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	27.3	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	17	38.6	45.1	50.8
Residents requiring restraints.	6	13.6	34.7	41.3
Confused or disoriented residents.	26	59.1	57.0	58.4
Residents with bed sores.	1	2.3	8.3	7.1
Residents receiving special skin care.	7	15.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAMILY HEALTH WEST NH

Street Address:		City and State:	
228 N CHERRY ST		FRUITA CO 81521	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT OTHER	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
107	0	89	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	91.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	78.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	64.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	71.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	62.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	18	16.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.9	29.7	37.7
Completely bedfast residents.	2	1.9	3.9	3.4
Residents confined to chairs.	50	46.7	45.1	50.8
Residents requiring restraints.	29	27.1	34.7	41.3
Confused or disoriented residents.	64	59.8	57.0	58.4
Residents with bed sores.	9	8.4	8.3	7.1
Residents receiving special skin care.	10	9.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLEN VALLEY NH

Street Address: P O BOX 1179		City and State: GLENWOOD SPRINGS CO 81602	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 30	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	52	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	84.6	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	82.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	94.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	78.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	11	21.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	26.9	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	28	53.8	45.1	50.8
Residents requiring restraints.	0	0.0	34.7	41.3
Confused or disoriented residents.	36	69.2	57.0	58.4
Residents with bed sores.	8	15.4	8.3	7.1
Residents receiving special skin care.	5	9.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA CARE CTR GRAND JUCTION

Street Address:		City and State:	
2825 PATTERSON RD		GRAND JUNCTION CO 81501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	67	NON-PROFIT OTHER	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	34.6	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	63.5	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	61.5	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	53.8	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	57.7	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	26.9	19.0	29.3
Completely bedfast residents.	2	3.8	3.3	3.6
Residents confined to chairs.	35	67.3	28.8	39.1
Residents requiring restraints.	22	42.3	22.9	31.7
Confused or disoriented residents.	22	42.3	58.6	55.8
Residents with bed sores.	2	3.8	5.8	4.7
Residents receiving special skin care.	4	7.7	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND JUNCTION CARE CTR

Street Address: 2425 TELLER AVE		City and State: GRAND JUNCTION CO 81501	
Participation: MEDICAID SNF/ICF	# of Beds: 108	Type of Ownership: PROPRIETARY	Survey Date: 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 66	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	69.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	66.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	51.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	9.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	5.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	14.0	29.7	37.7
Completely bedfast residents.	1	1.2	3.9	3.4
Residents confined to chairs.	39	45.3	45.1	50.8
Residents requiring restraints.	26	30.2	34.7	41.3
Confused or disoriented residents.	41	47.7	57.0	58.4
Residents with bed sores.	6	7.0	8.3	7.1
Residents receiving special skin care.	23	26.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND JUNCTION REGIONAL CTR

Street Address:		City and State:	
2800 D RD		GRAND JUNCTION CO 81501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	12	STATE GOVERNMENT	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
7	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	100	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	100	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	100	59.6	68.2
Residents on individually written bowel and bladder retraining program.	6	85.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	85.7	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	5	71.4	45.1	50.8
Residents requiring restraints.	6	85.7	34.7	41.3
Confused or disoriented residents.	1	14.3	57.0	58.4
Residents with bed sores.	1	14.3	8.3	7.1
Residents receiving special skin care.	3	42.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLTOP CONMVALESCENT CTR

Street Address:		City and State:	
1100 PATTERSON RD		GRAND JUNCTION CO 81506	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	24	NON-PROFIT PRIVATE	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	16	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	81.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	81.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	81.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	81.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	61.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	9.5	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	28.6	29.7	37.7
Completely bedfast residents.	3	14.3	3.9	3.4
Residents confined to chairs.	8	38.1	45.1	50.8
Residents requiring restraints.	5	23.8	34.7	41.3
Confused or disoriented residents.	9	42.9	57.0	58.4
Residents with bed sores.	5	23.8	8.3	7.1
Residents receiving special skin care.	5	23.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAVILLA GRANDE CARE CTR

Street Address:		City and State:	
2501 LITTLE BOOKCLIFF DR		GRAND JUNCTION CO 81501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	87.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	80.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	71.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	74.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	78.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	10	9.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	50.5	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	82	73.9	45.1	50.8
Residents requiring restraints.	51	45.9	34.7	41.3
Confused or disoriented residents.	83	74.8	57.0	58.4
Residents with bed sores.	14	12.6	8.3	7.1
Residents receiving special skin care.	24	21.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MESA MANOR NURSING CTR

Street Address:		City and State:	
2901 N 12TH ST		GRAND JUNCTION CO 81506	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	108	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	54.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	65.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	63.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	63.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	67.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.5	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	35.2	29.7	37.7
Completely bedfast residents.	5	5.7	3.9	3.4
Residents confined to chairs.	25	28.4	45.1	50.8
Residents requiring restraints.	30	34.1	34.7	41.3
Confused or disoriented residents.	52	59.1	57.0	58.4
Residents with bed sores.	3	3.4	8.3	7.1
Residents receiving special skin care.	2	2.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BONELL GOOD SAMARITAN CTR

Street Address:		City and State:	
708 22ND ST		GREELEY CO 80631	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	239	NON-PROFIT PRIVATE	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
220	0	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	79.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	147	66.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	62.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	56.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	151	68.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	7	3.2	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	88	40.0	29.7	37.7
Completely bedfast residents.	6	2.7	3.9	3.4
Residents confined to chairs.	103	46.8	45.1	50.8
Residents requiring restraints.	92	41.8	34.7	41.3
Confused or disoriented residents.	133	60.5	57.0	58.4
Residents with bed sores.	19	8.6	8.3	7.1
Residents receiving special skin care.	32	14.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTENNIAL HEALTH CARE CTR

Street Address:		City and State:	
1637 29TH AVE PLACE		GREELEY CO 80631	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
103	2	68	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	96.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	71.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	65.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	63.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	58.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	17.5	29.7	37.7
Completely bedfast residents.	6	5.8	3.9	3.4
Residents confined to chairs.	32	31.1	45.1	50.8
Residents requiring restraints.	34	33.0	34.7	41.3
Confused or disoriented residents.	42	40.8	57.0	58.4
Residents with bed sores.	8	7.8	8.3	7.1
Residents receiving special skin care.	18	17.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRACRES MANOR INC

Street Address:		City and State:	
1700 18TH AVE		GREELEY CO 80631	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
99	1	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	74.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	74.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	65.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	67.7	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	59.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	40.4	29.7	37.7
Completely bedfast residents.	1	1.0	3.9	3.4
Residents confined to chairs.	60	60.6	45.1	50.8
Residents requiring restraints.	46	46.5	34.7	41.3
Confused or disoriented residents.	59	59.6	57.0	58.4
Residents with bed sores.	8	8.1	8.3	7.1
Residents receiving special skin care.	13	13.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KENTON MANOR

Street Address: 850 27TH AVE		City and State: GREELEY CO 80631	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 1	Medicaid Residents: 72
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	75.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	74.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	74.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	72.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	75.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.9	29.7	37.7
Completely bedfast residents.	1	0.9	3.9	3.4
Residents confined to chairs.	55	51.4	45.1	50.8
Residents requiring restraints.	37	34.6	34.7	41.3
Confused or disoriented residents.	74	69.2	57.0	58.4
Residents with bed sores.	7	6.5	8.3	7.1
Residents receiving special skin care.	19	17.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GUNNISON HEALTH CARE CTR

Street Address:		City and State:	
1500 W TOMICHI		GUNNISON CO 81230	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	51	NON-PROFIT OTHER	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	80.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	80.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	73.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	68.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	32	71.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	28.9	29.7	37.7
Completely bedfast residents.	5	11.1	3.9	3.4
Residents confined to chairs.	15	33.3	45.1	50.8
Residents requiring restraints.	20	44.4	34.7	41.3
Confused or disoriented residents.	25	55.6	57.0	58.4
Residents with bed sores.	5	11.1	8.3	7.1
Residents receiving special skin care.	33	73.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAXTUN HOSP DIST NH

Street Address: 253 W FLETCHER ST		City and State: HAXTUN CO 80731	
Participation: MEDICAID ICF	# of Beds: 17	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	Medicare Residents: 0	Medicaid Residents: 10
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	76.5	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	100	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	82.4	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	76.5	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	82.4	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	35.3	19.0	29.3
Completely bedfast residents.	2	11.8	3.3	3.6
Residents confined to chairs.	5	29.4	28.8	39.1
Residents requiring restraints.	4	23.5	22.9	31.7
Confused or disoriented residents.	8	47.1	58.6	55.8
Residents with bed sores.	1	5.9	5.8	4.7
Residents receiving special skin care.	2	11.8	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLLY NURSING CARE CTR

Street Address: 320 N 8TH		City and State: HOLLY CO 81047	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41		Medicare Residents: 0		Medicaid Residents: 32	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		24	58.5	70.8	78.3
Dressing					
Residents requiring some or total assistance in dressing.		30	73.2	64.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		26	63.4	56.5	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		20	48.8	55.4	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		24	58.5	54.1	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.9	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	24.4	19.0	29.3
Completely bedfast residents.		2	4.9	3.3	3.6
Residents confined to chairs.		18	43.9	28.8	39.1
Residents requiring restraints.		12	29.3	22.9	31.7
Confused or disoriented residents.		26	63.4	58.6	55.8
Residents with bed sores.		5	12.2	5.8	4.7
Residents receiving special skin care.		6	14.6	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRAIRIE VISTA CARE CTR

Street Address:		City and State:	
816 S INTEROCEAN AVE		HOLYOKE CO 80734	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	55	PROPRIETARY	04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
39	0	24		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		35	89.7	70.8
Dressing				
Residents requiring some or total assistance in dressing.		30	76.9	64.7
Toileting				
Residents requiring some or total assistance in toileting.		26	66.7	56.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		26	66.7	55.4
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		26	66.7	54.1
Residents on individually written bowel and bladder retraining program.		11	28.2	9.9
Eating				
Residents receiving tube feedings or requiring assistance with eating.		12	30.8	19.0
Completely bedfast residents.		0	0.0	3.3
Residents confined to chairs.		5	12.8	28.8
Residents requiring restraints.		6	15.4	22.9
Confused or disoriented residents.		26	66.7	58.6
Residents with bed sores.		3	7.7	5.8
Residents receiving special skin care.		3	7.7	13.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLORADO STATE VETERANS CTR

Street Address:		City and State:	
3749 SHERMAN AVE P O BOX 97		HOMELAKE CO 81135	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	35	STATE GOVERNMENT	05/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	65.6	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	46.9	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	50.0	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	46.9	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	46.9	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.0	29.3
Completely bedfast residents.	1	3.1	3.3	3.6
Residents confined to chairs.	9	28.1	28.8	39.1
Residents requiring restraints.	14	43.8	22.9	31.7
Confused or disoriented residents.	25	78.1	58.6	55.8
Residents with bed sores.	3	9.4	5.8	4.7
Residents receiving special skin care.	13	40.6	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN COMMUNITY HOSP NH

Street Address: P O BOX 248		City and State: HUGO CO 80821	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 35	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 0	Medicaid Residents: 23
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	85.7	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	26	74.3	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	23	65.7	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	62.9	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	68.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	48.6	29.7	37.7
Completely bedfast residents.	3	8.6	3.9	3.4
Residents confined to chairs.	11	31.4	45.1	50.8
Residents requiring restraints.	8	22.9	34.7	41.3
Confused or disoriented residents.	12	34.3	57.0	58.4
Residents with bed sores.	5	14.3	8.3	7.1
Residents receiving special skin care.	9	25.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEDGWICK CO HOSP NH

Street Address:		City and State:	
900 CEDAR ST		JULESBURG CO 80737	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	32	LOCAL GOVERNMENT	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	100	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	73.3	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	63.3	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	46.7	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.7	19.0	29.3
Completely bedfast residents.	2	6.7	3.3	3.6
Residents confined to chairs.	14	46.7	28.8	39.1
Residents requiring restraints.	0	0.0	22.9	31.7
Confused or disoriented residents.	20	66.7	58.6	55.8
Residents with bed sores.	9	30.0	5.8	4.7
Residents receiving special skin care.	1	3.3	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONEJOS CO HOSPITAL LTC

Street Address: P O BOX 639		City and State: LA JARA CO 81140	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 34	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	Medicare Residents: 0	Medicaid Residents: 15	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	77.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	14	77.8	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	13	72.2	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	72.2	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	66.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	16.7	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	13	72.2	45.1	50.8
Residents requiring restraints.	6	33.3	34.7	41.3
Confused or disoriented residents.	5	27.8	57.0	58.4
Residents with bed sores.	1	5.6	8.3	7.1
Residents receiving special skin care.	2	11.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARKANSAS VALLEY REGIONAL MED CTR/ECF

Street Address: 1100 CARSON AVE		City and State: LAJUNTA CO 81050	
Participation: MEDICARE SNF	# of Beds: 4	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	Medicare Residents: 2	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	2	100	45.1	50.8
Residents requiring restraints.	0	0.0	34.7	41.3
Confused or disoriented residents.	0	0.0	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARKANSAS VALLEY REGL MED CTR NH

Street Address: 514 WEST 10TH		City and State: LAJUNTA CO 81050	
Participation: MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	Medicare Residents: 0	Medicaid Residents: 87
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	87.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	81.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	61.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	75.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	75.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	15.3	29.7	37.7
Completely bedfast residents.	6	4.4	3.9	3.4
Residents confined to chairs.	56	40.9	45.1	50.8
Residents requiring restraints.	26	19.0	34.7	41.3
Confused or disoriented residents.	69	50.4	57.0	58.4
Residents with bed sores.	5	3.6	8.3	7.1
Residents receiving special skin care.	13	9.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALLISON HEALTH CARE CTR

Street Address:		City and State:	
1660 ALLISON ST		LAKEWOOD CO 80215	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
91	0	69	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	87.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	92.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	64.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	65.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	61.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.4	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	26.4	29.7	37.7
Completely bedfast residents.	3	3.3	3.9	3.4
Residents confined to chairs.	57	62.6	45.1	50.8
Residents requiring restraints.	36	39.6	34.7	41.3
Confused or disoriented residents.	50	54.9	57.0	58.4
Residents with bed sores.	12	13.2	8.3	7.1
Residents receiving special skin care.	41	45.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMC CANCER RESEARCH CTR/HOSP LTCF

Street Address: 1600 PIERCE ST		City and State: LAKEWOOD CO 80214	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 20	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 9	Medicare Residents: 9	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	55.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	88.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	55.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	6	66.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	11.1	29.7	37.7
Completely bedfast residents.	1	11.1	3.9	3.4
Residents confined to chairs.	3	33.3	45.1	50.8
Residents requiring restraints.	4	44.4	34.7	41.3
Confused or disoriented residents.	6	66.7	57.0	58.4
Residents with bed sores.	9	100	8.3	7.1
Residents receiving special skin care.	1	11.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHANY CARE CTR

Street Address: 5301 W FIRST AVE		City and State: LAKEWOOD CO 80226	
Participation: MEDICAID SNF/ICF	# of Beds: 220	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	Medicare Residents: 0	Medicaid Residents: 146		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	75.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	66.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	53.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	61.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	60.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	50.6	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	104	58.4	45.1	50.8
Residents requiring restraints.	44	24.7	34.7	41.3
Confused or disoriented residents.	31	17.4	57.0	58.4
Residents with bed sores.	10	5.6	8.3	7.1
Residents receiving special skin care.	47	26.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMBRIDGE HEALTH CARE CTR

Street Address: 1685 EATON ST		City and State: LAKEWOOD CO 80215	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 3	Medicaid Residents: 80	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	86.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	76.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	72.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	71.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	62.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	7	5.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	28.0	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	74	62.7	45.1	50.8
Residents requiring restraints.	55	46.6	34.7	41.3
Confused or disoriented residents.	64	54.2	57.0	58.4
Residents with bed sores.	8	6.8	8.3	7.1
Residents receiving special skin care.	31	26.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARS HEALTH CTR

Street Address:		City and State:	
1599 INGALLS		LAKEWOOD CO 80214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	6	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	48.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	69.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	55.9	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	59.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	54.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	2.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	20.9	29.7	37.7
Completely bedfast residents.	21	11.9	3.9	3.4
Residents confined to chairs.	94	53.1	45.1	50.8
Residents requiring restraints.	49	27.7	34.7	41.3
Confused or disoriented residents.	81	45.8	57.0	58.4
Residents with bed sores.	17	9.6	8.3	7.1
Residents receiving special skin care.	81	45.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN TERRACE CARE CTR

Street Address:		City and State:	
1625 SIMMS ST		LAKEWOOD CO 80215	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
34	0	23		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		4	11.8	79.3
Dressing				
Residents requiring some or total assistance in dressing.		22	64.7	75.6
Toileting				
Residents requiring some or total assistance in toileting.		17	50.0	65.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		13	38.2	66.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		15	44.1	59.6
Residents on individually written bowel and bladder retraining program.		5	14.7	4.7
Eating				
Residents receiving tube feedings or requiring assistance with eating.		10	29.4	29.7
Completely bedfast residents.		2	5.9	3.9
Residents confined to chairs.		13	38.2	45.1
Residents requiring restraints.		14	41.2	34.7
Confused or disoriented residents.		16	47.1	57.0
Residents with bed sores.		0	0.0	8.3
Residents receiving special skin care.		17	50.0	20.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN MANOR NH

Street Address: 115 INGALLS ST		City and State: LAKEWOOD CO 80226	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 0	Medicaid Residents: 73
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	82.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	76.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	69.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	75.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	67.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	21.8	29.7	37.7
Completely bedfast residents.	1	1.0	3.9	3.4
Residents confined to chairs.	50	49.5	45.1	50.8
Residents requiring restraints.	35	34.7	34.7	41.3
Confused or disoriented residents.	54	53.5	57.0	58.4
Residents with bed sores.	14	13.9	8.3	7.1
Residents receiving special skin care.	44	43.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLEN AYR HEALTH CTR

Street Address: 1655 EATON ST		City and State: LAKEWOOD CO 80214	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 1	Medicaid Residents: 79
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	53.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	75.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	52.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	52.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	45.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	57.8	29.7	37.7
Completely bedfast residents.	2	2.0	3.9	3.4
Residents confined to chairs.	32	31.4	45.1	50.8
Residents requiring restraints.	0	0.0	34.7	41.3
Confused or disoriented residents.	69	67.6	57.0	58.4
Residents with bed sores.	6	5.9	8.3	7.1
Residents receiving special skin care.	3	2.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOSPICE OF ST JOHN

Street Address:		City and State:	
1320 EVERETT COURT		LAKEWOOD CO 80215	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT OTHER	05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
30	5	25	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	73.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	93.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	86.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	90.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	53.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	43.3	29.7	37.7
Completely bedfast residents.	18	60.0	3.9	3.4
Residents confined to chairs.	6	20.0	45.1	50.8
Residents requiring restraints.	9	30.0	34.7	41.3
Confused or disoriented residents.	12	40.0	57.0	58.4
Residents with bed sores.	7	23.3	8.3	7.1
Residents receiving special skin care.	8	26.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKERIDGE VILLAGE HLTH CARE CTR

Street Address: 1650 YARROW ST		City and State: LAKEWOOD CO 80215	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	Medicare Residents: 0	Medicaid Residents: 122	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	84.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	81.6	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	66.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	75.5	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	61.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.4	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	29.3	29.7	37.7
Completely bedfast residents.	5	3.4	3.9	3.4
Residents confined to chairs.	77	52.4	45.1	50.8
Residents requiring restraints.	61	41.5	34.7	41.3
Confused or disoriented residents.	70	47.6	57.0	58.4
Residents with bed sores.	21	14.3	8.3	7.1
Residents receiving special skin care.	56	38.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKEWOOD NH

Street Address:		City and State:	
1432 DEPEW ST		LAKEWOOD CO 80214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	153	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
146	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	94.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	71.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	65.1	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	64.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	66.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	17.8	29.7	37.7
Completely bedfast residents.	3	2.1	3.9	3.4
Residents confined to chairs.	71	48.6	45.1	50.8
Residents requiring restraints.	45	30.8	34.7	41.3
Confused or disoriented residents.	133	91.1	57.0	58.4
Residents with bed sores.	13	8.9	8.3	7.1
Residents receiving special skin care.	42	28.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA MANOR NH

Street Address:		City and State:	
7950 W MISSISSIPPI AVE		LAKEWOOD CO 80226	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
229	1	167		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	161	70.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	158	69.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	147	64.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	66.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	134	58.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	1.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	21.4	29.7	37.7
Completely bedfast residents.	6	2.6	3.9	3.4
Residents confined to chairs.	96	41.9	45.1	50.8
Residents requiring restraints.	91	39.7	34.7	41.3
Confused or disoriented residents.	128	55.9	57.0	58.4
Residents with bed sores.	37	16.2	8.3	7.1
Residents receiving special skin care.	39	17.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTERN HILLS HEALTH CARE CTR

Street Address: 1625 CARR ST		City and State: LAKEWOOD CO 80215	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 8	Medicaid Residents: 29	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	71.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	72.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	67.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	53.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	53.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.3	29.7	37.7
Completely bedfast residents.	10	8.4	3.9	3.4
Residents confined to chairs.	34	28.6	45.1	50.8
Residents requiring restraints.	42	35.3	34.7	41.3
Confused or disoriented residents.	55	46.2	57.0	58.4
Residents with bed sores.	15	12.6	8.3	7.1
Residents receiving special skin care.	23	19.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTLAND MANOR NRSG CTR

Street Address: 1150 OAK ST		City and State: LAKEWOOD CO 80215	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	Medicare Residents: 0	Medicaid Residents: 90
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	87.2	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	105	74.5	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	105	74.5	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	62.4	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	63.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	22.0	29.7	37.7
Completely bedfast residents.	8	5.7	3.9	3.4
Residents confined to chairs.	74	52.5	45.1	50.8
Residents requiring restraints.	45	31.9	34.7	41.3
Confused or disoriented residents.	75	53.2	57.0	58.4
Residents with bed sores.	17	12.1	8.3	7.1
Residents receiving special skin care.	55	39.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANDHAVEN

Street Address:		City and State:	
205 SOUTH 10TH ST		LAMAR CO 81052	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	85.2	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	85.2	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	68.5	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	53.7	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	61.1	54.1	59.1
Residents on individually written bowel and bladder retraining program.	20	37.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.9	19.0	29.3
Completely bedfast residents.	1	1.9	3.3	3.6
Residents confined to chairs.	23	42.6	28.8	39.1
Residents requiring restraints.	9	16.7	22.9	31.7
Confused or disoriented residents.	35	64.8	58.6	55.8
Residents with bed sores.	6	11.1	5.8	4.7
Residents receiving special skin care.	5	9.3	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BENT COUNTY HOSP NH

Street Address:		City and State:	
810 THIRD ST		LAS ANIMAS CO 81054	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	58	LOCAL GOVERNMENT	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	76.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	80.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	68.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	50.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	18.0	29.7	37.7
Completely bedfast residents.	4	8.0	3.9	3.4
Residents confined to chairs.	17	34.0	45.1	50.8
Residents requiring restraints.	14	28.0	34.7	41.3
Confused or disoriented residents.	41	82.0	57.0	58.4
Residents with bed sores.	3	6.0	8.3	7.1
Residents receiving special skin care.	2	4.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRAIRIE VIEW NH

Street Address:		City and State:	
1750 CIRCLE LANE BOX AG		LIMON CO 80828	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	98.0	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	96.0	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	80.0	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	80.0	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.0	19.0	29.3
Completely bedfast residents.	2	4.0	3.3	3.6
Residents confined to chairs.	31	62.0	28.8	39.1
Residents requiring restraints.	19	38.0	22.9	31.7
Confused or disoriented residents.	29	58.0	58.6	55.8
Residents with bed sores.	2	4.0	5.8	4.7
Residents receiving special skin care.	7	14.0	13.4	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHERRELYN MANOR

Street Address: 5555 SO ELATI		City and State: LITTLETON CO 80120	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 245	Type of Ownership: PROPRIETARY	Survey Date: 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 211	Medicare Residents: 3	Medicaid Residents: 156
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	173	82.0	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	138	65.4	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	132	62.6	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	62.1	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	133	63.0	59.6	68.2
 Residents on individually written bowel and bladder retraining program.	2	0.9	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	28.4	29.7	37.7
 Completely bedfast residents.	5	2.4	3.9	3.4
 Residents confined to chairs.	121	57.3	45.1	50.8
 Residents requiring restraints.	79	37.4	34.7	41.3
 Confused or disoriented residents.	105	49.8	57.0	58.4
 Residents with bed sores.	22	10.4	8.3	7.1
 Residents receiving special skin care.	46	21.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APPLEWOOD LIVING CTR

Street Address:		City and State:	
1800 STROH PLACE		LONGMONT CO 80501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
108	2	61		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	66.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	84.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	63.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	63.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	56.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	23.1	29.7	37.7
Completely bedfast residents.	4	3.7	3.9	3.4
Residents confined to chairs.	60	55.6	45.1	50.8
Residents requiring restraints.	53	49.1	34.7	41.3
Confused or disoriented residents.	54	50.0	57.0	58.4
Residents with bed sores.	10	9.3	8.3	7.1
Residents receiving special skin care.	21	19.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOOTHILLS CARE CENTER INC

Street Address:		City and State:	
1440 COFFMAN STREET		LONGMONT CO 80501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	36	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	96.8	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	74.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	60.6	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	58.7	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	60.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	6.5	29.7	37.7
Completely bedfast residents.	2	1.3	3.9	3.4
Residents confined to chairs.	78	50.3	45.1	50.8
Residents requiring restraints.	28	18.1	34.7	41.3
Confused or disoriented residents.	77	49.7	57.0	58.4
Residents with bed sores.	11	7.1	8.3	7.1
Residents receiving special skin care.	16	10.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN VALLEY NH

Street Address:		City and State:	
6263 N COUNTY RD NO. 29		LOVELAND CO 80537	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	27	NON-PROFIT OTHER	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
18	0	13	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	72.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	77.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	61.1	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	83.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	44.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	38.9	29.7	37.7
Completely bedfast residents.	2	11.1	3.9	3.4
Residents confined to chairs.	8	44.4	45.1	50.8
Residents requiring restraints.	5	27.8	34.7	41.3
Confused or disoriented residents.	6	33.3	57.0	58.4
Residents with bed sores.	1	5.6	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOVELAND GOOD SAM RETIREMENT VILLAGE

Street Address: 2101 SO GARFIELD		City and State: LOVELAND CO 80537	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 1	Medicaid Residents: 19		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	93.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	82.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	70.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	77.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	62.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	5	8.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	34.5	29.7	37.7
Completely bedfast residents.	2	3.4	3.9	3.4
Residents confined to chairs.	36	62.1	45.1	50.8
Residents requiring restraints.	28	48.3	34.7	41.3
Confused or disoriented residents.	28	48.3	57.0	58.4
Residents with bed sores.	7	12.1	8.3	7.1
Residents receiving special skin care.	11	19.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH SHORE MANOR INC

Street Address: 1365 W 29TH		City and State: LOVELAND CO 80538	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 152	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	Medicare Residents: 3	Medicaid Residents: 106
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	88.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	84.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	64.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	73.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	58.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	49.7	29.7	37.7
Completely bedfast residents.	3	2.1	3.9	3.4
Residents confined to chairs.	95	65.5	45.1	50.8
Residents requiring restraints.	37	25.5	34.7	41.3
Confused or disoriented residents.	85	58.6	57.0	58.4
Residents with bed sores.	13	9.0	8.3	7.1
Residents receiving special skin care.	29	20.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIERRA VISTA NH

Street Address: 821 DUFFIELD CT		City and State: LOVELAND CO 80537	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 4	Medicaid Residents: 54	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	87.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	83.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	78.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	67.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	83.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	26.4	29.7	37.7
Completely bedfast residents.	2	2.3	3.9	3.4
Residents confined to chairs.	46	52.9	45.1	50.8
Residents requiring restraints.	35	40.2	34.7	41.3
Confused or disoriented residents.	53	60.9	57.0	58.4
Residents with bed sores.	3	3.4	8.3	7.1
Residents receiving special skin care.	12	13.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALBRIDGE MEM CONV WING

Street Address:		City and State:	
345 CLEVELAND		MEEKER CO 81641	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	25	LOCAL GOVERNMENT	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
25	0	23	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	88.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	80.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	72.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	72.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	72.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	8.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	36.0	29.7	37.7
Completely bedfast residents.	3	12.0	3.9	3.4
Residents confined to chairs.	12	48.0	45.1	50.8
Residents requiring restraints.	7	28.0	34.7	41.3
Confused or disoriented residents.	21	84.0	57.0	58.4
Residents with bed sores.	1	4.0	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN MEADOWS NURSING CTR INC

Street Address: 2277 E DRIVE		City and State: MONTE VISTA CO 81144	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	79.7	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	64.4	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	61.0	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.8	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	59.3	54.1	59.1
Residents on individually written bowel and bladder retraining program.	31	52.5	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	8.5	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	10	16.9	28.8	39.1
Residents requiring restraints.	20	33.9	22.9	31.7
Confused or disoriented residents.	33	55.9	58.6	55.8
Residents with bed sores.	7	11.9	5.8	4.7
Residents receiving special skin care.	9	15.3	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN CARE CTR

Street Address:		City and State:	
300 N CASCADE BOX 1028		MONTROSE CO 81401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
45	1	30	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	73.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	55.6	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	37.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	51.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	42.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	8.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	88.9	29.7	37.7
Completely bedfast residents.	3	6.7	3.9	3.4
Residents confined to chairs.	18	40.0	45.1	50.8
Residents requiring restraints.	17	37.8	34.7	41.3
Confused or disoriented residents.	25	55.6	57.0	58.4
Residents with bed sores.	2	4.4	8.3	7.1
Residents receiving special skin care.	2	4.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAN JUAN LIVING CTR (WEST)

Street Address: 1043 RIDGE		City and State: MONTROSE CO 81401	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	71.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	75.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	64.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	64.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	54.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	20.8	29.7	37.7
Completely bedfast residents.	5	9.4	3.9	3.4
Residents confined to chairs.	20	37.7	45.1	50.8
Residents requiring restraints.	16	30.2	34.7	41.3
Confused or disoriented residents.	53	100	57.0	58.4
Residents with bed sores.	3	5.7	8.3	7.1
Residents receiving special skin care.	6	11.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY MANOR CARE CTR

Street Address:		City and State:	
1401 S CASCADE		MONTROSE CO 81401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	1	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	80.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	62.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	55.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	60.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	47.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	24.8	29.7	37.7
Completely bedfast residents.	7	6.2	3.9	3.4
Residents confined to chairs.	51	45.1	45.1	50.8
Residents requiring restraints.	47	41.6	34.7	41.3
Confused or disoriented residents.	61	54.0	57.0	58.4
Residents with bed sores.	10	8.8	8.3	7.1
Residents receiving special skin care.	14	12.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEAR CREEK NURSING CTR

Street Address: 150 SPRING CREEK		City and State: MORRISON CO 80465	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	Medicare Residents: 0	Medicaid Residents: 119	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	168	95.5	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	119	67.6	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	91	51.7	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	60.8	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	8.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	22.7	29.7	37.7
Completely bedfast residents.	4	2.3	3.9	3.4
Residents confined to chairs.	87	49.4	45.1	50.8
Residents requiring restraints.	55	31.3	34.7	41.3
Confused or disoriented residents.	136	77.3	57.0	58.4
Residents with bed sores.	13	7.4	8.3	7.1
Residents receiving special skin care.	66	37.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASTLE GARDENS NH

Street Address:		City and State:	
401 MALLEY AVE		NORTHGLENN CO 80233	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
175	4	94		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	66.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	75.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	69.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	69.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	50.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	21.1	29.7	37.7
Completely bedfast residents.	3	1.7	3.9	3.4
Residents confined to chairs.	119	68.0	45.1	50.8
Residents requiring restraints.	49	28.0	34.7	41.3
Confused or disoriented residents.	80	45.7	57.0	58.4
Residents with bed sores.	11	6.3	8.3	7.1
Residents receiving special skin care.	58	33.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLOROW CARE CTR

Street Address: 750 8TH ST		City and State: OLATHE CO 81425	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	89.5	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	50.9	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	68.4	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	22.8	19.0	29.3
Completely bedfast residents.	1	1.8	3.3	3.6
Residents confined to chairs.	21	36.8	28.8	39.1
Residents requiring restraints.	15	26.3	22.9	31.7
Confused or disoriented residents.	45	78.9	58.6	55.8
Residents with bed sores.	1	1.8	5.8	4.7
Residents receiving special skin care.	3	5.3	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CROWLEY COUNTY NURSING CTR

Street Address: 401 IDAHO		City and State: ORDWAY CO 81063	
Participation: MEDICAID ICF	# of Beds: 59	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 38
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	77.8	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	74.1	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	61.1	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	70.4	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	42.6	54.1	59.1
Residents on individually written bowel and bladder retraining program.	10	18.5	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.9	19.0	29.3
Completely bedfast residents.	2	3.7	3.3	3.6
Residents confined to chairs.	27	50.0	28.8	39.1
Residents requiring restraints.	18	33.3	22.9	31.7
Confused or disoriented residents.	17	31.5	58.6	55.8
Residents with bed sores.	5	9.3	5.8	4.7
Residents receiving special skin care.	9	16.7	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALISADES NH

Street Address: 151 E THIRD ST		City and State: PALISADES CO 81526	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 68
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	76.4	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	67	75.3	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	60	67.4	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	58.4	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	62.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	41.6	29.7	37.7
Completely bedfast residents.	8	9.0	3.9	3.4
Residents confined to chairs.	57	64.0	45.1	50.8
Residents requiring restraints.	48	53.9	34.7	41.3
Confused or disoriented residents.	44	49.4	57.0	58.4
Residents with bed sores.	6	6.7	8.3	7.1
Residents receiving special skin care.	3	3.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA CARE CTR

Street Address:		City and State:	
1625 MEADOWBROOK		PAONIA CO 81428	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	56	NON-PROFIT PRIVATE	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
52	0	35	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	65.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	80.8	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	67.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	98.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	65.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	17.3	29.7	37.7
Completely bedfast residents.	2	3.8	3.9	3.4
Residents confined to chairs.	7	13.5	45.1	50.8
Residents requiring restraints.	24	46.2	34.7	41.3
Confused or disoriented residents.	39	75.0	57.0	58.4
Residents with bed sores.	4	7.7	8.3	7.1
Residents receiving special skin care.	14	26.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELMONT LODGE INC

Street Address:		City and State:	
1601 CONSTITUTION BLVD		PUEBLO CO 81001	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	1	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	81.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	75.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	64.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	71.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	72.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	36.9	29.7	37.7
Completely bedfast residents.	7	6.3	3.9	3.4
Residents confined to chairs.	36	32.4	45.1	50.8
Residents requiring restraints.	17	15.3	34.7	41.3
Confused or disoriented residents.	45	40.5	57.0	58.4
Residents with bed sores.	8	7.2	8.3	7.1
Residents receiving special skin care.	9	8.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CITADEL HEALTH CARE

Street Address:		City and State:	
431 QUINCY		PUEBLO CO 81005	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	38	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	77.4	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	45.2	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	22.6	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	100	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	41.9	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	9.7	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	1	3.2	28.8	39.1
Residents requiring restraints.	2	6.5	22.9	31.7
Confused or disoriented residents.	20	64.5	58.6	55.8
Residents with bed sores.	1	3.2	5.8	4.7
Residents receiving special skin care.	16	51.6	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR SEASONS NH

Street Address:		City and State:	
2515 PITMAN PL		PUEBLO CO 81004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
87		0		75	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		81	93.1	79.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		73	83.9	75.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		62	71.3	65.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		65	74.7	66.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	55.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.		4	4.6	4.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	42.5	29.7	37.7
Completely bedfast residents.		2	2.3	3.9	3.4
Residents confined to chairs.		55	63.2	45.1	50.8
Residents requiring restraints.		21	24.1	34.7	41.3
Confused or disoriented residents.		27	31.0	57.0	58.4
Residents with bed sores.		10	11.5	8.3	7.1
Residents receiving special skin care.		7	8.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND PARK COMPLEX

Street Address:		City and State:	
1610 SCRANTON AVE		PUEBLO CO 81004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	49	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	53.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	64.4	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	46.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	51.1	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	55.6	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	31.1	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	22	48.9	45.1	50.8
Residents requiring restraints.	13	28.9	34.7	41.3
Confused or disoriented residents.	19	42.2	57.0	58.4
Residents with bed sores.	2	4.4	8.3	7.1
Residents receiving special skin care.	13	28.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MINNEQUA MEDICENTER

Street Address:		City and State:	
2701 CALIFORNIA ST		PUEBLO CO 81004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
89	0	78	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	71.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	69.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	64.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	59.6	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	57.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.5	29.7	37.7
Completely bedfast residents.	2	2.2	3.9	3.4
Residents confined to chairs.	21	23.6	45.1	50.8
Residents requiring restraints.	34	38.2	34.7	41.3
Confused or disoriented residents.	31	34.8	57.0	58.4
Residents with bed sores.	6	6.7	8.3	7.1
Residents receiving special skin care.	1	1.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PUEBLO MANOR

Street Address:		City and State:	
2611 JONES AVE		PUEBLO CO 81004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
149	1	82		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	75.2	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	81.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	70.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	66.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	61.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	38.9	29.7	37.7
Completely bedfast residents.	6	4.0	3.9	3.4
Residents confined to chairs.	63	42.3	45.1	50.8
Residents requiring restraints.	80	53.7	34.7	41.3
Confused or disoriented residents.	114	76.5	57.0	58.4
Residents with bed sores.	15	10.1	8.3	7.1
Residents receiving special skin care.	15	10.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARMAR NURSING CTR C BLDG

Street Address:		City and State:	
1201 W ABRIENDO AVE		PUEBLO CO 81005	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	95.7	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	76.1	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	63.0	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	58.7	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	60.9	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	15.2	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	5	10.9	28.8	39.1
Residents requiring restraints.	0	0.0	22.9	31.7
Confused or disoriented residents.	36	78.3	58.6	55.8
Residents with bed sores.	0	0.0	5.8	4.7
Residents receiving special skin care.	0	0.0	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHSIDE MANOR NH

Street Address:		City and State:	
1611 ACERO ST		PUEBLO CO 81004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	PROPRIETARY	10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	73.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	80.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	77.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	82.2	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	71.1	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	22.2	29.7	37.7
Completely bedfast residents.	7	15.6	3.9	3.4
Residents confined to chairs.	15	33.3	45.1	50.8
Residents requiring restraints.	17	37.8	34.7	41.3
Confused or disoriented residents.	32	71.1	57.0	58.4
Residents with bed sores.	13	28.9	8.3	7.1
Residents receiving special skin care.	5	11.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARY CORWIN HOSPITAL ECF

Street Address:		City and State:	
1008 MINNEQUA AVE		PUEBLO CO 81004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	16	NON-PROFIT RELIGIOUS	06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	90.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	90.9	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	18.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	27.3	29.7	37.7
Completely bedfast residents.	2	18.2	3.9	3.4
Residents confined to chairs.	3	27.3	45.1	50.8
Residents requiring restraints.	1	9.1	34.7	41.3
Confused or disoriented residents.	2	18.2	57.0	58.4
Residents with bed sores.	5	45.5	8.3	7.1
Residents receiving special skin care.	0	0.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNIVERSITY PARK CARE CTR

Street Address: 945 DESERT FLOWER BLVD		City and State: PUEBLO CO 81001	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	Medicare Residents: 4	Medicaid Residents: 84		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	63.8	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	98	69.5	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	85	60.3	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	60.3	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	39.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	47.5	29.7	37.7
Completely bedfast residents.	6	4.3	3.9	3.4
Residents confined to chairs.	53	37.6	45.1	50.8
Residents requiring restraints.	36	25.5	34.7	41.3
Confused or disoriented residents.	52	36.9	57.0	58.4
Residents with bed sores.	16	11.3	8.3	7.1
Residents receiving special skin care.	2	1.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA PUEBLO TOWERS MED-CTR

Street Address:		City and State:	
1111 BONFORTE BLVD		PUEBLO CO 81001	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	32	NON-PROFIT PRIVATE	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	23	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	91.3	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	91.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	91.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	87.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	91.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	47.8	29.7	37.7
Completely bedfast residents.	3	13.0	3.9	3.4
Residents confined to chairs.	13	56.5	45.1	50.8
Residents requiring restraints.	5	21.7	34.7	41.3
Confused or disoriented residents.	11	47.8	57.0	58.4
Residents with bed sores.	2	8.7	8.3	7.1
Residents receiving special skin care.	18	78.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLORADO STATE VETERANS NH

Street Address:		City and State:	
851 EAST 5TH STREET BOX 1420		RIFLE CO 81650	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	STATE GOVERNMENT	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
37	0	5			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	30	81.1	79.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	26	70.3	75.6	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	25	67.6	65.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	37.8	66.6	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	20	54.1	59.6	68.2	
Residents on individually written bowel and bladder retraining program.	12	32.4	4.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	9	24.3	29.7	37.7	
Completely bedfast residents.	0	0.0	3.9	3.4	
Residents confined to chairs.	4	10.8	45.1	50.8	
Residents requiring restraints.	0	0.0	34.7	41.3	
Confused or disoriented residents.	15	40.5	57.0	58.4	
Residents with bed sores.	2	5.4	8.3	7.1	
Residents receiving special skin care.	3	8.1	20.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE E DENE MOORE MEMORIAL HOME

Street Address:		City and State:	
701 E 5TH BOX 912		RIFLE CO 81650	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	57	LOCAL GOVERNMENT	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	67.9	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	78.6	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	71.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	51.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	12	21.4	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	46.4	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	17	30.4	45.1	50.8
Residents requiring restraints.	24	42.9	34.7	41.3
Confused or disoriented residents.	40	71.4	57.0	58.4
Residents with bed sores.	2	3.6	8.3	7.1
Residents receiving special skin care.	37	66.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIONEER HEALTH CARE CTR

Street Address:		City and State:	
900 SOUTH 12TH STREET		ROCKY FORD CO 81067	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	16	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	80.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	67.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	62.5	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	65.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	52.5	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	51.2	29.7	37.7
Completely bedfast residents.	10	12.5	3.9	3.4
Residents confined to chairs.	35	43.8	45.1	50.8
Residents requiring restraints.	26	32.5	34.7	41.3
Confused or disoriented residents.	42	52.5	57.0	58.4
Residents with bed sores.	16	20.0	8.3	7.1
Residents receiving special skin care.	6	7.5	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLUMBINE MANOR

Street Address: 530 W 16TH ST		City and State: SALIDA CO 81201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 58
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	82.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	77.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	60.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	65.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	70.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	25.0	29.7	37.7
Completely bedfast residents.	6	7.5	3.9	3.4
Residents confined to chairs.	22	27.5	45.1	50.8
Residents requiring restraints.	23	28.7	34.7	41.3
Confused or disoriented residents.	45	56.3	57.0	58.4
Residents with bed sores.	15	18.8	8.3	7.1
Residents receiving special skin care.	33	41.2	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SAMARITAN CTR

Street Address:		City and State:	
320 PUEBLO AVE		SIMLA CO 80835	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	32	NON-PROFIT OTHER	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
32		0		10	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		30	93.8	70.8	78.3
Dressing					
Residents requiring some or total assistance in dressing.		26	81.3	64.7	76.7
Toileting					
Residents requiring some or total assistance in toileting.		20	62.5	56.5	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	100	55.4	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	93.8	54.1	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.9	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	18.8	19.0	29.3
Completely bedfast residents.		0	0.0	3.3	3.6
Residents confined to chairs.		15	46.9	28.8	39.1
Residents requiring restraints.		7	21.9	22.9	31.7
Confused or disoriented residents.		18	56.3	58.6	55.8
Residents with bed sores.		0	0.0	5.8	4.7
Residents receiving special skin care.		1	3.1	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHEAST COLORADO HOSP/LTC

Street Address: 373 EAST 10TH AVE		City and State: SPRINGFIELD CO 81073	
Participation: MEDICAID ICF	# of Beds: 40	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	Medicare Residents: 0	Medicaid Residents: 30	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	73.0	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	75.7	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	78.4	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	78.4	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	29.7	19.0	29.3
Completely bedfast residents.	1	2.7	3.3	3.6
Residents confined to chairs.	4	10.8	28.8	39.1
Residents requiring restraints.	12	32.4	22.9	31.7
Confused or disoriented residents.	14	37.8	58.6	55.8
Residents with bed sores.	3	8.1	5.8	4.7
Residents receiving special skin care.	8	21.6	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROUTT MEM HOSP EXTENDED CARE CTR

Street Address:		City and State:	
160 PARK AVE BOX 9016		STEAMBOAT SPRINGS CO 80477	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	NON-PROFIT PRIVATE	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	73.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	71.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	65.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	68.4	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	50.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	63.2	29.7	37.7
Completely bedfast residents.	1	2.6	3.9	3.4
Residents confined to chairs.	10	26.3	45.1	50.8
Residents requiring restraints.	18	47.4	34.7	41.3
Confused or disoriented residents.	31	81.6	57.0	58.4
Residents with bed sores.	2	5.3	8.3	7.1
Residents receiving special skin care.	12	31.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEVONSHIRE ACRES LTD

Street Address:		City and State:	
BOX 291 1330 N SIDNEY AVE		STERLING CO 80751	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	87	PROPRIETARY	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
73	1	38	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	93.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	84.9	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	89.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	71.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	30.1	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	26	35.6	45.1	50.8
Residents requiring restraints.	43	58.9	34.7	41.3
Confused or disoriented residents.	65	89.0	57.0	58.4
Residents with bed sores.	6	8.2	8.3	7.1
Residents receiving special skin care.	11	15.1	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSE ARBOR MANOR

Street Address: 1420 SO THIRD AVE		City and State: STERLING CO 80751	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81		Medicare Residents: 1		Medicaid Residents: 56	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	96.3	79.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		62	76.5	75.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		48	59.3	65.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		54	66.7	66.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		57	70.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.		15	18.5	4.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	23.5	29.7	37.7
Completely bedfast residents.		1	1.2	3.9	3.4
Residents confined to chairs.		18	22.2	45.1	50.8
Residents requiring restraints.		30	37.0	34.7	41.3
Confused or disoriented residents.		48	59.3	57.0	58.4
Residents with bed sores.		5	6.2	8.3	7.1
Residents receiving special skin care.		29	35.8	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALPINE MANOR NH

Street Address:		City and State:	
501 THORNTON PARKWAY		THORNTON CO 80229	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
114	0	78	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	92.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	93.9	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	65.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	72.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	72.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	28.1	29.7	37.7
Completely bedfast residents.	3	2.6	3.9	3.4
Residents confined to chairs.	76	66.7	45.1	50.8
Residents requiring restraints.	17	14.9	34.7	41.3
Confused or disoriented residents.	85	74.6	57.0	58.4
Residents with bed sores.	7	6.1	8.3	7.1
Residents receiving special skin care.	25	21.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMS HAVEN CARE CTR

Street Address:		City and State:	
12080 BELLAIRE WAY		THORNTON CO 80241	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	2	69		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	87.4	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	83.2	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	59.7	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	77.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	58.8	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	25.2	29.7	37.7
Completely bedfast residents.	1	0.8	3.9	3.4
Residents confined to chairs.	16	13.4	45.1	50.8
Residents requiring restraints.	34	28.6	34.7	41.3
Confused or disoriented residents.	37	31.1	57.0	58.4
Residents with bed sores.	14	11.8	8.3	7.1
Residents receiving special skin care.	6	5.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRINIDAD STATE NH

Street Address:		City and State:	
409 BENEDICTA AVE		TRINIDAD CO 81082	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	226	STATE GOVERNMENT	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
202	0	153	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	195	96.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	71.3	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	59.9	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	71.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	67.3	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	27.2	29.7	37.7
Completely bedfast residents.	33	16.3	3.9	3.4
Residents confined to chairs.	110	54.5	45.1	50.8
Residents requiring restraints.	87	43.1	34.7	41.3
Confused or disoriented residents.	145	71.8	57.0	58.4
Residents with bed sores.	21	10.4	8.3	7.1
Residents receiving special skin care.	54	26.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALSENBURG CARE CTR

Street Address: 135 W 7TH ST		City and State: WALSENBURG CO 81089	
Participation: MEDICAID ICF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	84.1	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	77.3	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	54.5	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	47.7	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	25.0	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	8	18.2	28.8	39.1
Residents requiring restraints.	9	20.5	22.9	31.7
Confused or disoriented residents.	19	43.2	58.6	55.8
Residents with bed sores.	2	4.5	5.8	4.7
Residents receiving special skin care.	7	15.9	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALSH DIST HOSP/NH (ICF)

Street Address:		City and State:	
150 NEVADA P O BOX 206		WALSH CO 81090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	8	LOCAL GOVERNMENT	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
7	0	5	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	100	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	6	85.7	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	71.4	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	71.4	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	85.7	54.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	14.3	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	2	28.6	28.8	39.1
Residents requiring restraints.	0	0.0	22.9	31.7
Confused or disoriented residents.	6	85.7	58.6	55.8
Residents with bed sores.	0	0.0	5.8	4.7
Residents receiving special skin care.	1	14.3	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASPEN CARE CENTER WEST

Street Address:		City and State:	
7490 LOWELL BLVD		WESTMINSTER CO 80030	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	194	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	0	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	31.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	44.5	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	43.2	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	43.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	38.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	26.5	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	52	33.5	45.1	50.8
Residents requiring restraints.	42	27.1	34.7	41.3
Confused or disoriented residents.	63	40.6	57.0	58.4
Residents with bed sores.	13	8.4	8.3	7.1
Residents receiving special skin care.	13	8.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASPEN CARE CTR EAST

Street Address:		City and State:	
7481 KNOX PLACE		WESTMINSTER CO 80030	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	80.6	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	62.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	58.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	58.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	63.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	39.8	29.7	37.7
Completely bedfast residents.	6	5.6	3.9	3.4
Residents confined to chairs.	55	50.9	45.1	50.8
Residents requiring restraints.	47	43.5	34.7	41.3
Confused or disoriented residents.	61	56.5	57.0	58.4
Residents with bed sores.	10	9.3	8.3	7.1
Residents receiving special skin care.	19	17.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLAZA CARE CTR

Street Address:		City and State:	
7045 STUART ST		WESTMINSTER CO 80030	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	103	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	35.8	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	55.8	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	38.9	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	28.4	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	36.8	54.1	59.1
Residents on individually written bowel and bladder retraining program.	35	36.8	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	12.6	19.0	29.3
Completely bedfast residents.	1	1.1	3.3	3.6
Residents confined to chairs.	30	31.6	28.8	39.1
Residents requiring restraints.	20	21.1	22.9	31.7
Confused or disoriented residents.	58	61.1	58.6	55.8
Residents with bed sores.	2	2.1	5.8	4.7
Residents receiving special skin care.	6	6.3	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLUMBINE MANOR

Street Address: 3835 HARLAN ST		City and State: WHEAT RIDGE CO 80033	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 151	Type of Ownership: PROPRIETARY	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	Medicare Residents: 2	Medicaid Residents: 106		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	69.7	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	73.1	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	55.9	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	70.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	57.9	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	31.7	29.7	37.7
Completely bedfast residents.	3	2.1	3.9	3.4
Residents confined to chairs.	60	41.4	45.1	50.8
Residents requiring restraints.	49	33.8	34.7	41.3
Confused or disoriented residents.	99	68.3	57.0	58.4
Residents with bed sores.	7	4.8	8.3	7.1
Residents receiving special skin care.	12	8.3	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN VISTA NH

Street Address:		City and State:	
4800 TABOR ST		WHEAT RIDGE CO 80033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	NON-PROFIT RELIGIOUS	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	1	40		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	90.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	83.3	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	88.9	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	86.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	38.9	29.7	37.7
Completely bedfast residents.	6	6.7	3.9	3.4
Residents confined to chairs.	43	47.8	45.1	50.8
Residents requiring restraints.	41	45.6	34.7	41.3
Confused or disoriented residents.	73	81.1	57.0	58.4
Residents with bed sores.	18	20.0	8.3	7.1
Residents receiving special skin care.	51	56.7	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHEAT RIDGE MANOR NH

Street Address: 2920 FENTON ST		City and State: WHEAT RIDGE CO 80214	
Participation: MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 55	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	75.9	79.3	81.5
Dressing Residents requiring some or total assistance in dressing.	63	79.7	75.6	83.2
Toileting Residents requiring some or total assistance in toileting.	58	73.4	65.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	84.8	66.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	74.7	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	39.2	29.7	37.7
Completely bedfast residents.	7	8.9	3.9	3.4
Residents confined to chairs.	39	49.4	45.1	50.8
Residents requiring restraints.	37	46.8	34.7	41.3
Confused or disoriented residents.	47	59.5	57.0	58.4
Residents with bed sores.	11	13.9	8.3	7.1
Residents receiving special skin care.	24	30.4	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHEAT RIDGE REGIONAL CTR

Street Address:		City and State:	
10285 RIDGE RD		WHEAT RIDGE CO 80033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	64	STATE GOVERNMENT	09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	2	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	100	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	100	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	100	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	100	29.7	37.7
Completely bedfast residents.	0	0.0	3.9	3.4
Residents confined to chairs.	47	100	45.1	50.8
Residents requiring restraints.	0	0.0	34.7	41.3
Confused or disoriented residents.	47	100	57.0	58.4
Residents with bed sores.	0	0.0	8.3	7.1
Residents receiving special skin care.	47	100	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOW BROOK CARE CTR

Street Address:		City and State:	
3315 SHERIDAN BOULEVARD		WHEAT RIDGE CO 80212	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	56	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
52	0	40	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	98.1	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	82.7	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	80.8	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	67.3	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	44.2	59.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	59.6	29.7	37.7
Completely bedfast residents.	5	9.6	3.9	3.4
Residents confined to chairs.	37	71.2	45.1	50.8
Residents requiring restraints.	16	30.8	34.7	41.3
Confused or disoriented residents.	37	71.2	57.0	58.4
Residents with bed sores.	4	7.7	8.3	7.1
Residents receiving special skin care.	1	1.9	20.0	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDSOR HEALTH CARE FACILITY

Street Address:		City and State:	
710 THIRD ST PO BOX 999		WINDSOR CO 80550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	69.0	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	71.6	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	47.4	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	63.8	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	53.4	59.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	12.9	29.7	37.7
Completely bedfast residents.	6	5.2	3.9	3.4
Residents confined to chairs.	40	34.5	45.1	50.8
Residents requiring restraints.	33	28.4	34.7	41.3
Confused or disoriented residents.	82	70.7	57.0	58.4
Residents with bed sores.	8	6.9	8.3	7.1
Residents receiving special skin care.	25	21.6	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARDALE HEALTH CARE FACILITY

Street Address: 720 CLAY ST		City and State: WRAY CO 80758	
Participation: MEDICAID ICF	# of Beds: 33	Type of Ownership: PROPRIETARY	Survey Date: 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	Medicare Residents: 0	Medicaid Residents: 19		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	67.7	70.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	61.3	64.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	54.8	56.5	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	54.8	55.4	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	48.4	54.1	59.1
Residents on individually written bowel and bladder retraining program.	2	6.5	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.1	19.0	29.3
Completely bedfast residents.	0	0.0	3.3	3.6
Residents confined to chairs.	5	16.1	28.8	39.1
Residents requiring restraints.	3	9.7	22.9	31.7
Confused or disoriented residents.	9	29.0	58.6	55.8
Residents with bed sores.	1	3.2	5.8	4.7
Residents receiving special skin care.	8	25.8	13.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RENOTTA NH

Street Address:		City and State:	
815 FRANKLIN ST		WRAY CO 80758	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	38	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
34	0	21		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		32	94.1	70.8
Dressing				
Residents requiring some or total assistance in dressing.		24	70.6	64.7
Toileting				
Residents requiring some or total assistance in toileting.		23	67.6	56.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		22	64.7	55.4
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		17	50.0	54.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.9
Eating				
Residents receiving tube feedings or requiring assistance with eating.		8	23.5	19.0
Completely bedfast residents.		3	8.8	3.3
Residents confined to chairs.		8	23.5	28.8
Residents requiring restraints.		5	14.7	22.9
Confused or disoriented residents.		17	50.0	58.6
Residents with bed sores.		2	5.9	5.8
Residents receiving special skin care.		4	11.8	13.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	3.7	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	7.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	14.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	1	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	4	14.8	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	1	3.7	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	2	7.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	18.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	11.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	8	29.6	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	2	7.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	7.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	14.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	11.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	11.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	6	22.2	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	8	29.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	15	55.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YUMA LIFE CARE CTR

Street Address: 323 W 9TH AVE		City and State: YUMA CO 80759	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 31
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	7.5	79.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	85.0	75.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	65.0	65.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	65.0	66.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	59.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.0	29.7	37.7
Completely bedfast residents.	2	5.0	3.9	3.4
Residents confined to chairs.	24	60.0	45.1	50.8
Residents requiring restraints.	16	40.0	34.7	41.3
Confused or disoriented residents.	33	82.5	57.0	58.4
Residents with bed sores.	2	5.0	8.3	7.1
Residents receiving special skin care.	24	60.0	20.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	3.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	3.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	31	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	10	6.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.6	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	1.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	47	29.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	25	15.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	6.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	23	14.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	19.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	7	4.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	25.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	25.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	33.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	4.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	6.2	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	27	16.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	8.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	4.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	19	11.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	20	12.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	5	3.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	20	12.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	82	50.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	6.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	120	74.1	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

DATE DUE

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